

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Health Care Service Corporation Employees' Political Action Committee

ADDRESS (number and street) ▼

300 E. Randolph

Legal Department

☐ Check if different than previously reported. (ACC)

Chicago

IL

60601

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00199711

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
07 01 2015

through

M M M / D D D / Y Y Y Y Y Y  
07 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mary Lou Stutz

Signature of Treasurer

Mary Lou Stutz

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
08 19 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Health Care Service Corporation Employees' Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">423545.45</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">462934.53</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">49829.36</span>	<span style="border: 1px solid black; padding: 2px;">325068.44</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">512763.89</span>	<span style="border: 1px solid black; padding: 2px;">748613.89</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">6500.00</span>	<span style="border: 1px solid black; padding: 2px;">242350.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">506263.89</span>	<span style="border: 1px solid black; padding: 2px;">506263.89</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Health Care Service Corporation Employees' Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	43253.76	220715.82
(ii) Unitemized .....	6575.60	104352.62
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	49829.36	325068.44
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	49829.36	325068.44
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	49829.36	325068.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	49829.36	325068.44

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	175500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	-4500.00	66850.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6500.00	242350.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6500.00	242350.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	49829.36	325068.44
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	49829.36	325068.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael Patrick Abbene**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Maj/Natl Accts IL DVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 73433BA979FB438BB417**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Michael Patrick Abbene**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Maj/Natl Accts IL DVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : DA8BF21DD7B744CDADE6**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Leslie N. Adkins**

Mailing Address 2215 Southwest Pkwy

City

Wichita Falls

State

TX

Zip Code

76308-5007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP SSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 3BAD4C5BFC2D4A7BA26E**

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

85.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Leslie N. Adkins**

Mailing Address 2215 Southwest Pkwy

City

Wichita Falls

State

TX

Zip Code

76308-5007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP SSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 7F87722460E2412BA5F5**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B. Karen A. Aguilar**Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr UM Comp &amp; Accred

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 8F33CD422CF74322AE22**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. Karen A. Aguilar**Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr UM Comp &amp; Accred

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : D3C97E9F05B648219F4D**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

85.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 251  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jane E. Akers**

Mailing Address 1001 E Lookout Dr  
Bldg A

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY  
07 / 10 / 2015

**Transaction ID : 25277D10C39E4E1E8F23**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Jane E. Akers**

Mailing Address 1001 E Lookout Dr  
Bldg A

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY  
07 / 24 / 2015

**Transaction ID : D1B651FC8E044DBDA483**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**c. Cynthia Kaye Al-Aghbary**

Mailing Address 4411 the 25 Way NE

City State Zip Code  
Albuquerque NM 87109-5857

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Exec Dir Govt Prog Clinical Op

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

MM / DD / YYYY  
07 / 10 / 2015

**Transaction ID : 8501B5FC926C47DE9691**

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

95.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 251  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cynthia Kaye Al-Aghbary**

Mailing Address 4411 the 25 Way NE

City

Albuquerque

State

NM

Zip Code

87109-5857

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Exec Dir Govt Prog Clinical Op

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2015

**Transaction ID : 17FA974380A4405498DB**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Scott A. Albosta**Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

SW Region Network Perf Mgt DVP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2015

**Transaction ID : E2FA1A8A698649CCBEEF**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**C. Scott A. Albosta**Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

SW Region Network Perf Mgt DVP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2015

**Transaction ID : AFC17F62A9524B6B880B**

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

125.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Linda L. Amburn**

Mailing Address 1400 N 30th St

City  
Quincy

State  
IL

Zip Code  
62301-3476

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP SSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : F1E2794B76474418991B**

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

**B. Linda L. Amburn**

Mailing Address 1400 N 30th St

City  
Quincy

State  
IL

Zip Code  
62301-3476

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP SSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 25F8DDCB29CA4A7FB091**

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

**C. James P. Ancmon**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Web Application Dev Spec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : C6341DCB2B2244828745**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

250.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James P. Ancmon**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Web Application Dev Spec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 9EA4B8F96C7B41AD8048**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Nicole E. Antonacci**

Mailing Address 3405 Liberty Dr

City

Springfield

State

IL

Zip Code

62704-6521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Subscriber Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : A6929E9BBC9D4382A529**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Nicole E. Antonacci**

Mailing Address 3405 Liberty Dr

City

Springfield

State

IL

Zip Code

62704-6521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Subscriber Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 320DCB3BBCD945EC8C67**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ronald K. Aoyama**

Mailing Address 1001 E Lookout Dr  
Bldg A

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Mid Market Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : D32BCE1BA16D4C5289AE**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Ronald K. Aoyama**

Mailing Address 1001 E Lookout Dr  
Bldg A

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Mid Market Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : D5002786C5E34FD1AE6C**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Michael Gary Apolskis**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

DVP Regul Monitor & Analysis

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : D703095915974408BF0F**

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 251  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael Gary Apolskis**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

DVP Regul Monitor & Analysis

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

07 / 24 / 2015

Transaction ID : 787B759662DF4069A887

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**B. David G. Ashmore**

Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Plan Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

07 / 10 / 2015

Transaction ID : C2EB5199D21E4853B551

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**c. David G. Ashmore**

Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Plan Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

07 / 24 / 2015

Transaction ID : 017706585A2B4FF997FD

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

160.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Karen M. Atwood

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

President IL Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

07 / 10 / 2015

Transaction ID : 53DC727F066E48D39D96

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

B. Karen M. Atwood

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

President IL Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

07 / 24 / 2015

Transaction ID : 7DB5DCC9ABF4469CA404

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

C. Brenda L. Bailey

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sub Svcs Div SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

07 / 10 / 2015

Transaction ID : EC679CEA4F9C4E0987D5

Amount of Each Receipt this Period

115.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

499.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Brenda L. Bailey**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sub Svcs Div SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		2	4		2	0	1	5		

**Transaction ID : 140502D387964C74A48A**

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

**B. Teri L. Bailey**Mailing Address 1001 E Lookout Dr  
Bldg A

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr HR Bus Integration Solu

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		1	0		2	0	1	5		

**Transaction ID : 14ED884C8AB94B4B9B9E**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Teri L. Bailey**Mailing Address 1001 E Lookout Dr  
Bldg A

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr HR Bus Integration Solu

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		2	4		2	0	1	5		

**Transaction ID : 6398782AB79545E7B315**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

175.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ronald J. Balsewich**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP-Corporate Human Resources

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 6A549D70EB5F4E508B2C**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Ronald J. Balsewich**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP-Corporate Human Resources

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : B26A6031F14348F8B0DE**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C. Bradley Dean Bare**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Med Policy&amp;Prof Assoc Rel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 9E2CF3A5762E4FB78AE6**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

120.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bradley Dean Bare**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Med Policy&Prof Assoc Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 7B4ACFF7ED5A41AD85D8**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Gregory Keith Barnes**

Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP TX Key Govt and Comrcl Acct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 6C8295FA877A4AAEB3DF**

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

**c. Gregory Keith Barnes**

Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP TX Key Govt and Comrcl Acct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 1E0FFD4FD2CC4DD6ADD7**

Amount of Each Receipt this Period

115.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

260.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. William R. Barnes**

Mailing Address 701 E 22nd St

City

Lombard

State

IL

Zip Code

60148-5095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP-General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 21F4E413B91C4C378C00**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. William R. Barnes**

Mailing Address 701 E 22nd St

City

Lombard

State

IL

Zip Code

60148-5095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP-General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 3507C0E47B714F2691AC**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Erin K. Barney**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Plan Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 5610DCB16B984A27B504**

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

75.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Erin K. Barney**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Plan Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		2	4		2	0	1	5		

**Transaction ID : 7533AB3C052F41F8928B**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**B. James Barone**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Strategic Sourcing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		1	0		2	0	1	5		

**Transaction ID : 4B72A4017D864DE8B9A8**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. James Barone**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Strategic Sourcing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		2	4		2	0	1	5		

**Transaction ID : A8B7E1D3E2714403B2C6**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

145.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ethan Samuel Baumfeld**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Regulatory Counsel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 49D3669CC3D443739C64**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**B. Ethan Samuel Baumfeld**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Regulatory Counsel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 2483F3606A3A4EB9B04A**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**C. Darrell D. Beckett**Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sales &amp; Marketing TX DSVP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : E857186D2B324582A97A**

Amount of Each Receipt this Period

115.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

285.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 251  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Darrell D. Beckett**Mailing Address 1001 E Lookout Dr  
Bldg B

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sales &amp; Marketing TX DSVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 4653A886B74446548DC3**

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

**B. Beth A. Bednarek**

Mailing Address 300 E Randolph St

City	State	Zip Code
Chicago	IL	60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Application

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 25ED4EA769CF4D63AC5B**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Beth A. Bednarek**

Mailing Address 300 E Randolph St

City	State	Zip Code
Chicago	IL	60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Application

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 712AC4888DD64A948496**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

165.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gregory Benesh**

Mailing Address 33 Carlton Cir

City

Inverness

State

IL

Zip Code

60010-5400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Pres &amp; CEO Dearborn National

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

**Transaction ID : 2C439A45290C4A9DA3E3**

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

**B. Teresa M. Benner**

Mailing Address 3405 Liberty Dr

City

Springfield

State

IL

Zip Code

62704-6521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Subscriber Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

**Transaction ID : 35655A6DF2AE4D84BF82**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Teresa M. Benner**

Mailing Address 3405 Liberty Dr

City

Springfield

State

IL

Zip Code

62704-6521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Subscriber Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

**Transaction ID : 1C27DF6E41A545A4A6B7**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

155.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 251  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. J. Steven Berry**

Mailing Address 1400 S Boston Ave

City	State	Zip Code
Tulsa	OK	74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Dir Facility Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : E9290CF122BB4FFF8120**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. J. Steven Berry**

Mailing Address 1400 S Boston Ave

City	State	Zip Code
Tulsa	OK	74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Dir Facility Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 45B73D0FD1FD43158564**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Steve Betts**

Mailing Address 300 E Randolph St

City	State	Zip Code
Chicago	IL	60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
SVP Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : FB8B5ACE26BA49058970**

Amount of Each Receipt this Period

192.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

252.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steve Betts**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

SVP Chief Information Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

768.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

**Transaction ID : 4D2294B0ED614E8EA871**

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**B. Terry W. Bevins**Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Dir Small Grp Underwriting

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

**Transaction ID : 065EDED384374A08B332**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Terry W. Bevins**Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Dir Small Grp Underwriting

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

**Transaction ID : 8A1286714AA24B18B205**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

252.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Beverly Binkowski**

Mailing Address 3817 NW Expressway

City State Zip Code  
 Oklahoma City OK 73112-1489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care Service Corporation

Occupation  
 DVP OK Govt Rel & Public Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 65F6A6C32BA2497A9720**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

## **B. Beverly Binkowski**

Mailing Address 3817 NW Expressway

City State Zip Code  
 Oklahoma City OK 73112-1489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care Service Corporation

Occupation  
 DVP OK Govt Rel & Public Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 92EAC2C84EC44380A58A**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

## **C. Sterling E. Blackmon**

Mailing Address 2787 McFarland Rd

City State Zip Code  
 Rockford IL 61107-6815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care Service Corporation

Occupation  
 Sup Desktop Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 856F1CDFD3F14870BAB7**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sterling E. Blackmon**

Mailing Address 2787 McFarland Rd

City

Rockford

State

IL

Zip Code

61107-6815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sup Desktop Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

**Transaction ID : 9C13B04FE0B148688EFF**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Pamela E. Bland**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Labor Account Exec II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

**Transaction ID : 3E113000BEDC4284B8F0**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Pamela E. Bland**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Labor Account Exec II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

**Transaction ID : B22C0BDBA925497C9704**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

70.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

A. James C. Blizzard

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Systems Software Prog Consult

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2015

Transaction ID : E6CCC1922DFD42CEBB74

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. James C. Blizzard

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Systems Software Prog Consult

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2015

Transaction ID : A663CCB9C4C24764AE8A

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Jackson L. Boen

Mailing Address 1001 E Lookout Dr  
Bldg A

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sub Svcs Div SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2015

Transaction ID : 85ED10923B0B43179BED

Amount of Each Receipt this Period

115.00

SUBTOTAL of Receipts This Page (optional)..... ►

165.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jackson L. Boen**Mailing Address 1001 E Lookout Dr  
Bldg A

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sub Svcs Div SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 27ECF0C653864BBF8C0D**

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

**B. Nancy E. Bond**

Mailing Address 300 E Randolph St

City	State	Zip Code
Chicago	IL	60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP SSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 7F50C5AF10324D088E5F**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**c. Nancy E. Bond**

Mailing Address 300 E Randolph St

City	State	Zip Code
Chicago	IL	60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP SSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 5CADC297DB99493EB12D**

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

205.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 251  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Deborah Lynn Boroughs**Mailing Address 1001 E Lookout Dr  
Bldg BCity State Zip Code  
Richardson TX 75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Sr Dir Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2015

Transaction ID : CBA2BA4319214C6D86FD

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Deborah Lynn Boroughs**Mailing Address 1001 E Lookout Dr  
Bldg BCity State Zip Code  
Richardson TX 75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Sr Dir Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2015

Transaction ID : 4651EB3C524C4CEFA875

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Vickie L. Bowers**Mailing Address 1001 E Lookout Dr  
Bldg ACity State Zip Code  
Richardson TX 75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Mgr Grp Hlth Undwtr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2015

Transaction ID : 98664412FCF24A49B5FB

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 30 OF 251  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Vickie L. Bowers**Mailing Address 1001 E Lookout Dr  
Bldg A

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Mgr Grp Hlth Undwtr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : F01C1B2420A648F3BB31**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Karen Brach**

Mailing Address 300 E Randolph St

City	State	Zip Code
Chicago	IL	60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : AB4C26470DFE4A079199**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Karen Brach**

Mailing Address 300 E Randolph St

City	State	Zip Code
Chicago	IL	60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 848E302CE1834232A5C7**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

70.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Deanne Braksator**

Mailing Address 6000 Brooktree Rd  
Ste 300

City Wexford State PA Zip Code 15090-9279

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
VP Product Dev & Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

07 / 10 / 2015

Transaction ID : ED9EC797709F4718AB5F

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Deanne Braksator**

Mailing Address 6000 Brooktree Rd  
Ste 300

City Wexford State PA Zip Code 15090-9279

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
VP Product Dev & Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

07 / 24 / 2015

Transaction ID : 039FC27676FD4C96885C

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**c. Charles L. Brashers**

Mailing Address 1400 S Boston Ave

City Tulsa State OK Zip Code 74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Sr Mgr Application

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

Transaction ID : 842CD5286D9A4ACD92B6

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

90.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Charles L. Brashers**

Mailing Address 1400 S Boston Ave

City

Tulsa

State

OK

Zip Code

74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Application

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : B105DA7166B04E13A8B0**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Lori A. Breaux**

Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Unit Mgr Prof Provider Network

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 5257D56CB15E40B38083**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Lori A. Breaux**

Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Unit Mgr Prof Provider Network

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 7AA597D8B8F74FB18042**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Peter A. Briedis**

Mailing Address 3625 Amhurst Pkwy

City

Waukegan

State

IL

Zip Code

60085-8341

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Systems Software Prog Consult

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 10 / 2015

Transaction ID : 22D9F72401E4402E8A6A

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Peter A. Briedis**

Mailing Address 3625 Amhurst Pkwy

City

Waukegan

State

IL

Zip Code

60085-8341

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Systems Software Prog Consult

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 24 / 2015

Transaction ID : EAAFD30A0D154955A28B

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. James R. Brown**

Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

DVP Sales Delivery Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

07 / 10 / 2015

Transaction ID : A1B20A94BE8C425D9D12

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

95.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 34 OF 251  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James R. Brown**Mailing Address 1001 E Lookout Dr  
Bldg B

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

DVP Sales Delivery Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 75E5C54A475447F9A5E4**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Elevene M. Bryant**

Mailing Address 300 E Randolph St

City	State	Zip Code
Chicago	IL	60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP SSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 2923BB3E95504770B360**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**C. Elevene M. Bryant**

Mailing Address 300 E Randolph St

City	State	Zip Code
Chicago	IL	60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP SSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : B311F6210BA045BC98B3**

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Christopher W. Buley**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

DVP Government Programs Course

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

MM / DD / YYYY  
07 / 10 / 2015

**Transaction ID : 4C6B5DC41C9344F18F20**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**B. Christopher W. Buley**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

DVP Government Programs Course

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

MM / DD / YYYY  
07 / 24 / 2015

**Transaction ID : 9EA2ED2A534545008791**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**C. Marion E. Burchell**

Mailing Address 1001 E Lookout Dr  
Bldg A

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Mgr Dept Strategy & Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY  
07 / 10 / 2015

**Transaction ID : A2043DB8389147A6B4C8**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 251  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Marion E. Burchell**

Mailing Address 1001 E Lookout Dr  
Bldg A

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Mgr Dept Strategy & Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY  
07 / 24 / 2015

**Transaction ID : 3D15E0C3BF944C1F89F6**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Mary J. Burfeind**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP-Corporate Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

815.00

Date of Receipt

MM / DD / YYYY  
07 / 10 / 2015

**Transaction ID : E18DAC8A2EB44432912C**

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

**c. Mary J. Burfeind**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP-Corporate Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

815.00

Date of Receipt

MM / DD / YYYY  
07 / 24 / 2015

**Transaction ID : 1B512970C35A4228A629**

Amount of Each Receipt this Period

115.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

260.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Donald M. Burke**Mailing Address 1001 E Lookout Dr  
Bldg B

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Maj/Nat Principal Account Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : DB95C42C593B4D7C9ACF**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Donald M. Burke**Mailing Address 1001 E Lookout Dr  
Bldg B

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Maj/Nat Principal Account Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : A681F684BA234725BA10**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Kelly H. Butler**Mailing Address 1001 E Lookout Dr  
Bldg B

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Chief of Staff Texas Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : D15E3D6E5DC04A36B56E**

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

130.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kelly H. Butler**Mailing Address 1001 E Lookout Dr  
Bldg B

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Chief of Staff Texas Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 8A1AE40F0B1D4CF28757**

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**B. Brenda L. Byrd**

Mailing Address 1020 31st St

City	State	Zip Code
Downers Grove	IL	60515-5501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Business Systems Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : B576482C82FE487E8B1B**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**c. Brenda L. Byrd**

Mailing Address 1020 31st St

City	State	Zip Code
Downers Grove	IL	60515-5501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Business Systems Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 37C7E2F28EDA4688BB51**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

130.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

A. Lisa L. Byrd

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Dir Product Mktg Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2015

Transaction ID : D1D16732C04D49FCA337

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Lisa L. Byrd

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Dir Product Mktg Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2015

Transaction ID : 67B083AE41DD4EAA836A

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Theresa A. Calderon

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Underwriting TX

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2015

Transaction ID : 262E78EB69C24A2E91A2

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)..... ►

105.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 40 OF 251  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Theresa A. Calderon**Mailing Address 1001 E Lookout Dr  
Bldg BCity State Zip Code  
Richardson TX 75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
VP Underwriting TX

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2015**Transaction ID : AEA1B061E9F544C1AD62**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B. Jack M. Campbell, Jr.**Mailing Address 1001 E Lookout Dr  
Bldg BCity State Zip Code  
Richardson TX 75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Exec Dir Provider Analytics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 10 / 2015**Transaction ID : 211422F87C044220851E**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**c. Jack M. Campbell, Jr.**Mailing Address 1001 E Lookout Dr  
Bldg BCity State Zip Code  
Richardson TX 75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Exec Dir Provider Analytics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2015**Transaction ID : 5DDC2CE61BA3419DA887**

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

115.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 251  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John Cannon**

Mailing Address 229 E Lake Shore Dr

City State Zip Code  
Chicago IL 60611-1351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
EVP & Chief Admin Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2015

**Transaction ID : C4119E0267FA428F9161**

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**B. John Cannon**

Mailing Address 229 E Lake Shore Dr

City State Zip Code  
Chicago IL 60611-1351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
EVP & Chief Admin Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2015

**Transaction ID : 2A982465145041139957**

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**C. Justin M. Capp**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
VP Sales Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2015

**Transaction ID : 4A47F52DA8D641078298**

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

469.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 42 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Justin M. Capp**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Sales Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : AFDAF61383C342E9A950**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**B. Mary K. Carter**

Mailing Address 3817 NW Expressway

City

Oklahoma City

State

OK

Zip Code

73112-1489

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Government Relations Spec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 061C00D6073445F787B7**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. Mary K. Carter**

Mailing Address 3817 NW Expressway

City

Oklahoma City

State

OK

Zip Code

73112-1489

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Government Relations Spec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 65E98AB5419D49089D64**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

125.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 43 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Vincent Carter**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Procurement Contract

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 9D3D3C996FBA48508308**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Vincent Carter**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Procurement Contract

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 897F95FA2A834F28B13B**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Kevin M. Cassidy**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

DSVP Illinois Markets

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2033.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 79B73379AE9245878AE5**

Amount of Each Receipt this Period

192.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

292.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kevin M. Cassidy**

Mailing Address 300 E Randolph St

City State Zip Code  
 Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care Service Corporation

Occupation  
 DSVP Illinois Markets

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2033.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 50F4DCFD0C3248449FCF**

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**B. Christian Caverly**

Mailing Address 25 Lakeview Dr

City State Zip Code  
 Jessup PA 18434-1159

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care Service Corporation

Occupation  
 Mgr Workforce

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 6C6DA01DAD544387A2F3**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. Christian Caverly**

Mailing Address 25 Lakeview Dr

City State Zip Code  
 Jessup PA 18434-1159

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care Service Corporation

Occupation  
 Mgr Workforce

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 12DC5AA724E44389B850**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

232.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 45 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Allan Joel Chernov**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Med Dir Medical Policy & QI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : A16D325615014078BBB1**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Allan Joel Chernov**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Med Dir Medical Policy & QI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 53B26A155D854F32BD33**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Beatrice M. Cisneros**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Business Technical Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 0F2FD243A6BB46D6B3CF**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 251  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Beatrice M. Cisneros**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Business Technical Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 160E25B5F9F24C8FAC28**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Robert Clarke**

Mailing Address 300 E. Randolph

City State Zip Code  
Chicago IL 60601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Board of Directors

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 11E936BFA81F47098BB9**

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

**C. Michelle Collins**

Mailing Address 300 E. Randolph

City State Zip Code  
Chicago IL 60601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Board of Directors

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : A77D2F9FEFEC4A8F92D3**

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2070.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kristin E. Conley**

Mailing Address 300 E Randolph St

City State Zip Code  
 Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Health Care Service Corporation VP Customer Lifecycle Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 91C065CB774C4C4B973C**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**B. Kristin E. Conley**

Mailing Address 300 E Randolph St

City State Zip Code  
 Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Health Care Service Corporation VP Customer Lifecycle Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 29C5E97C6FE74344A8A8**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**C. John Cook**

Mailing Address 300 E Randolph St

City State Zip Code  
 Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Health Care Service Corporation VP Network Managemen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : E27CD05DE9DA4A249CE2**

Amount of Each Receipt this Period

2200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2370.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 48 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kerrie A. Cook**

Mailing Address 1400 S Boston Ave

City

Tulsa

State

OK

Zip Code

74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Maj/Nat Strategic Acct Exec II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : FDFDF7079C6F482A9719**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Kerrie A. Cook**

Mailing Address 1400 S Boston Ave

City

Tulsa

State

OK

Zip Code

74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Maj/Nat Strategic Acct Exec II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : E850DD26BA824751A079**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Steven M. Cooley**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Exec Dir Mkt Research&Analytic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : D26457DB5A6E4F2299E0**

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

85.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steven M. Cooley**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Exec Dir Mkt Research&Analytic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : CB1CD695A30D46BCA164**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B. Rochelle Cortez**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : F9FF97ADA9A9471792CB**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Rochelle Cortez**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 7BF3B32EBBCB4DE3AAC3**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

85.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Marina Angelica Coryat**

Mailing Address 1800 West Loop S

City

Houston

State

TX

Zip Code

77027-3272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Media &amp; Community Rels

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2015

**Transaction ID : C96089FA08D34F8A92BC**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Marina Angelica Coryat**

Mailing Address 1800 West Loop S

City

Houston

State

TX

Zip Code

77027-3272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Media &amp; Community Rels

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2015

**Transaction ID : B270B217D2DA4FAA97A**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Francis G. Cote**

Mailing Address 560 N Park Ave

City

Helena

State

MT

Zip Code

59601-2702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Montana Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2015

**Transaction ID : 877B0B0209024E87B4AC**

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

135.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Francis G. Cote**

Mailing Address 560 N Park Ave

City State Zip Code  
Helena MT 59601-2702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
VP Montana Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : F5C3FCD0665444F2B1DC**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**B. Lisa M. Couwenhoven**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Dir IT Internal Planning/Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : FC98B3ABB6A84604B36B**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. Lisa M. Couwenhoven**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Dir IT Internal Planning/Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 9E853E9420A049F0975C**

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

155.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Arlena M. Crane**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Enterprise Custom Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
07 / 10 / 2015

**Transaction ID : 9FC1B0CF4BC844A48095**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Arlena M. Crane**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Enterprise Custom Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
07 / 24 / 2015

**Transaction ID : 518DE00699944D9DA28A**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Geoffrey F Credi**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Facilities Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
07 / 10 / 2015

**Transaction ID : 8B80F74E70C34D059C2E**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

A. **Geoffrey F Credi**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Facilities Operations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2015

Transaction ID : 71F24DD0A92546C4B103

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. **Joseph Robert Cunningham**

Mailing Address 1400 S Boston Ave

City

Tulsa

State

OK

Zip Code

74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP &amp; Chief Medical Officer-OK

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2015

Transaction ID : ED19F2BA4E7D408E974E

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

C. **Joseph Robert Cunningham**

Mailing Address 1400 S Boston Ave

City

Tulsa

State

OK

Zip Code

74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP &amp; Chief Medical Officer-OK

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2015

Transaction ID : 9AC7567768B74188A53D

Amount of Each Receipt this Period

115.00

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ellen Dalton**

Mailing Address 1020 31st St

City

Downers Grove

State

IL

Zip Code

60515-5501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Dir Underwriting Process

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 40909D78EFC843679A13**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Derek M. Dattner**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Mgr Provider Affairs Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : CDC1D5487687455097E7**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Derek M. Dattner**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Mgr Provider Affairs Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 765925F15D3943829952**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gregory B. Davis**

Mailing Address 1400 S Boston Ave

City State Zip Code  
Tulsa OK 74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Actuary III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 20D48885C4A748489225**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Gregory B. Davis**

Mailing Address 1400 S Boston Ave

City State Zip Code  
Tulsa OK 74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Actuary III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : AA8FC7BAEF694FC8BC14**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. Jeff Davis**

Mailing Address 701 E 22nd St

City State Zip Code  
Lombard IL 60148-5095

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Programmer Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : BC85DACB4CB040309601**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

90.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

A. Jeff Davis

Mailing Address 701 E 22nd St

City

Lombard

State

IL

Zip Code

60148-5095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Programmer Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2015

Transaction ID : 203290F31B6F476EAC9A

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Carolyn L. Dawson

Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

SVP Enterprise Hlth Care Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2015

Transaction ID : 6CF73DC190C448769B91

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

c. Carolyn L. Dawson

Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

SVP Enterprise Hlth Care Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2015

Transaction ID : F015A105CBFF49E49CCD

Amount of Each Receipt this Period

192.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

404.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 57 OF 251  
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Laura J. Day**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Enterprise QI &amp; Accredit

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 07 / 10 / 2015

Transaction ID : 6AAD89BB920C4C649697

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Laura J. Day**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Enterprise QI &amp; Accredit

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2015

Transaction ID : 8A721C016CB449E28ABA

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Jose J. De La Rosa**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Dir Corporate Strategy

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

525.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 07 / 10 / 2015

Transaction ID : 9B5F0CEBFFB940E08DCB

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 251  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jose J. De La Rosa**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Dir Corporate Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 4819B05BD11D4028837D**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Michael Joseph Deering**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Media & Public Rel-IL Div

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 3C5460C150814D4EB52B**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Michael Joseph Deering**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Media & Public Rel-IL Div

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 35D39EAC17F44740B9D0**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

95.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Anne E. Delozier**

Mailing Address 300 E Randolph St

City State Zip Code  
 Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care Service Corporation

Occupation  
 Dir Corporate Travel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 10 / 2015

**Transaction ID : 803A900F85704303BD12**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Anne E. Delozier**

Mailing Address 300 E Randolph St

City State Zip Code  
 Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care Service Corporation

Occupation  
 Dir Corporate Travel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2015

**Transaction ID : 09D5FB7B1A894A6B981D**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. Nataraju Devaguptapu**

Mailing Address 300 E Randolph St

City State Zip Code  
 Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care Service Corporation

Occupation  
 Dir ITG Applications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 10 / 2015

**Transaction ID : 449BC284A5DB4CE08236**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 251  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Nataraju Devaguptapu**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Dir ITG Applications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2015

**Transaction ID : B3F4AF26779247F3ABC3**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. James A. Devlin**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Application Architect Consult

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2015

**Transaction ID : 0C3DBF414ADD4830A57B**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. James A. Devlin**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Application Architect Consult

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2015

**Transaction ID : D521912A977244FD83DC**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 61 OF 251  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bryan A. Doerstling**Mailing Address 1001 E Lookout Dr  
Bldg A

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
VP SSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 31CBAF4643B748A4BF31**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B. Bryan A. Doerstling**Mailing Address 1001 E Lookout Dr  
Bldg A

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
VP SSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 342D21F6E79440779021**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**C. Robert M. Dorrell**

Mailing Address 3817 NW Expressway

City	State	Zip Code
Oklahoma City	OK	73112-1489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Sr Mgr Govt & Reg Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 9A11D98010D14459AF65**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

110.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 62 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert M. Dorrell**

Mailing Address 3817 NW Expressway

City State Zip Code  
 Oklahoma City OK 73112-1489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care Service Corporation

Occupation  
 Sr Mgr Govt & Reg Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
 07 / 24 / 2015

**Transaction ID : CD44F3BD398A40DDA76E**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Thomas J. Douglas**

Mailing Address 1001 E Lookout Dr  
 Bldg B

City State Zip Code  
 Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care Service Corporation

Occupation  
 Sr Mgr Client Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
 07 / 10 / 2015

**Transaction ID : 94D6A14AF5B44892B1C8**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. Thomas J. Douglas**

Mailing Address 1001 E Lookout Dr  
 Bldg B

City State Zip Code  
 Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care Service Corporation

Occupation  
 Sr Mgr Client Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
 07 / 24 / 2015

**Transaction ID : 846FA02027B44327B034**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 63 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kimberlee A. Doyle**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Maj/Nat Account Exec III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 80CE88E217E24B8DB488**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Kimberlee A. Doyle**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Maj/Nat Account Exec III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 7E04F257EDB44918BE8A**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. Mary Theresa Doyle**

Mailing Address 1001 Pennsylvania Ave NW  
FI 7

City State Zip Code  
Washington DC 20004-2507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

DSVP&Chief Govt Relations Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 1796488F612C4D0BBAF2**

Amount of Each Receipt this Period

192.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

232.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 64 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mary Theresa Doyle**Mailing Address 1001 Pennsylvania Ave NW  
FI 7

City	State	Zip Code
Washington	DC	20004-2507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

DSVP&amp;Chief Govt Relations Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 851FD10F3AC44C29B5C3**

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**B. Samuel G. Drone**

Mailing Address 1020 31st St

City	State	Zip Code
Downers Grove	IL	60515-5501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Budgets &amp; Analytics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 9C616F7CA59F491AAAA6**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Samuel G. Drone**

Mailing Address 1020 31st St

City	State	Zip Code
Downers Grove	IL	60515-5501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Budgets &amp; Analytics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 886604E101EE4E2EAB68**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

232.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 65 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Augustus C. Edmunds**

Mailing Address 1400 S Boston Ave

City

Tulsa

State

OK

Zip Code

74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP-General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		1	0		2	0	1	5		

**Transaction ID : 8280CB30F27A4A56B1C1**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B. Augustus C. Edmunds**

Mailing Address 1400 S Boston Ave

City

Tulsa

State

OK

Zip Code

74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP-General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		2	4		2	0	1	5		

**Transaction ID : 24B7F9B3175845B082DB**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**C. Bonnie R. Edwalds**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Application

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		1	0		2	0	1	5		

**Transaction ID : 268D43D5CD8443CAB539**

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

105.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 251  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bonnie R. Edwalds**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Sr Mgr Application

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

07 / 24 / 2015

Transaction ID : B84CE027F49B4B778E4D

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. Melinda S. Elderkin**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Dir Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 10 / 2015

Transaction ID : 9A53D62AF5374095A528

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**c. Melinda S. Elderkin**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Dir Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 24 / 2015

Transaction ID : 9BEF8571AB584653BEE3

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

75.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 251  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gregory E. Else**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Mgr Sales Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : EFB40C310D4B4913A6F1**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Lynn Cantliffe Etchart**

Mailing Address 560 N Park Ave

City State Zip Code  
Helena MT 59601-2702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Chief of Staff MT Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : C90942EF675346879296**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Lynn Cantliffe Etchart**

Mailing Address 560 N Park Ave

City State Zip Code  
Helena MT 59601-2702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Chief of Staff MT Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : D873F306F15742D09228**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

80.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 251  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cathy G. Evans**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Sup Application

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2015

**Transaction ID : 5952FD82638D48689453**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Cathy G. Evans**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Sup Application

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2015

**Transaction ID : 98872E2D06D7451BA11B**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. Sharon C. Fahlberg**

Mailing Address 1001 E Lookout Dr  
Bldg A

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Sr Dir Corporate Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2015

**Transaction ID : 1D08E6520CB94836B841**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 69 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sharon C. Fahlberg**Mailing Address 1001 E Lookout Dr  
Bldg ACity State Zip Code  
Richardson TX 75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Dir Corporate Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : A41FFCCFFFC148FCA6C4**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Robert G. Falati**Mailing Address 1001 E Lookout Dr  
Bldg BCity State Zip Code  
Richardson TX 75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Business Intelligence Spec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 277E4725CDF64EE9AEAD**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. Robert G. Falati**Mailing Address 1001 E Lookout Dr  
Bldg BCity State Zip Code  
Richardson TX 75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Business Intelligence Spec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 63CC4D8F5C9D4F7E835F**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 70 OF 251  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Joel M. Farran**

Mailing Address 300 E Randolph St

City	State	Zip Code
Chicago	IL	60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

DSVP Strategy Corp Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4553.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 1B84CF1E929C4B19BDB9**

Amount of Each Receipt this Period

303.57

Full Name (Last, First, Middle Initial)

**B. Joel M. Farran**

Mailing Address 300 E Randolph St

City	State	Zip Code
Chicago	IL	60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

DSVP Strategy Corp Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4553.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 65D7D5A6B5E548CF801F**

Amount of Each Receipt this Period

303.57

Full Name (Last, First, Middle Initial)

**C. Julie Faulhaber**

Mailing Address 300 E Randolph St

City	State	Zip Code
Chicago	IL	60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Enterprise Medicaid

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 2C7DF333EDEC44C5936D**

Amount of Each Receipt this Period

115.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

722.14

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Julie Faulhaber**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
VP Enterprise Medicaid

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2015

Transaction ID : B81ACB73C32840A39E3B

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

**B. Jill S. Firch**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
VP Individual Mkt Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2015

Transaction ID : 80BCDDEFB8A143E29316

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**C. Jill S. Firch**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
VP Individual Mkt Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2015

Transaction ID : 0DD4195B33C944D6A661

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)..... ►

285.00

TOTAL This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 251  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Peter G. Fischer**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
DVP Retail Programs Oversight

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

Transaction ID : 544E3399F6D64D93B006

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Peter G. Fischer**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
DVP Retail Programs Oversight

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

Transaction ID : F76F4FEC85C74E358F11

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Matthew Christian Fontana**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City State Zip Code  
Albuquerque NM 87113-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
VP& Chief Med Officer Pharmacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

07 / 10 / 2015

Transaction ID : FD0E8CEBC78D4FCF8210

Amount of Each Receipt this Period

115.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

155.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 251  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Matthew Christian Fontana**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City State Zip Code  
 Albuquerque NM 87113-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care Service Corporation

Occupation  
 VP & Chief Med Officer Pharmacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

MM / DD / YYYY  
 07 / 24 / 2015

**Transaction ID : 59ADF392504545E7A724**

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

**B. Michael E. Frank**

Mailing Address 560 N Park Ave

City State Zip Code  
 Helena MT 59601-2702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care Service Corporation

Occupation  
 President MT Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

MM / DD / YYYY  
 07 / 10 / 2015

**Transaction ID : 3EF6DBD0B6754C21A236**

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**C. Michael E. Frank**

Mailing Address 560 N Park Ave

City State Zip Code  
 Helena MT 59601-2702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care Service Corporation

Occupation  
 President MT Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

MM / DD / YYYY  
 07 / 24 / 2015

**Transaction ID : 0AD73C5508514FE8BE90**

Amount of Each Receipt this Period

192.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

499.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 74 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Thomas C. Frock**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City

Albuquerque

State

NM

Zip Code

87113-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Exec Dir HR Strategic Bus Part

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : A9F08C01D4854BDCB736**

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**B. Thomas C. Frock**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City

Albuquerque

State

NM

Zip Code

87113-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Exec Dir HR Strategic Bus Part

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 720F62F3AE204C7D970F**

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**c. Deborah Gage**

Mailing Address 601 Lee Road

City

Wayne

State

PA

Zip Code

19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2912.00

Date of Receipt

07 / 15 / 2015

**Transaction ID : B4538891D4E54E67B094**

Amount of Each Receipt this Period

208.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

348.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 75 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Deborah Gage**

Mailing Address 601 Lee Road

City  
Wayne

State Zip Code  
PA 19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2912.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : B840CD85A06E4F509046**

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

## **B. Ian G. Galton**

Mailing Address 1001 E Lookout Dr  
Bldg B

City  
Richardson

State Zip Code  
TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
VP Health Care Mgmt Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2015

**Transaction ID : 9D30910926F44D35B461**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

## **C. Ian G. Galton**

Mailing Address 1001 E Lookout Dr  
Bldg B

City  
Richardson

State Zip Code  
TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
VP Health Care Mgmt Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2015

**Transaction ID : 7ACA547F32774D56BE35**

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

298.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 76 OF 251  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dennis Gannon**

Mailing Address 300 E. Randolph

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Board of Directors

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 3BC01D1029594607B6AB**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. John N. Gavin**

Mailing Address 300 E Randolph St

City	State	Zip Code
Chicago	IL	60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Transaction Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 0BCDF36F96FE4625A5EB**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**C. John N. Gavin**

Mailing Address 300 E Randolph St

City	State	Zip Code
Chicago	IL	60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Transaction Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 0CC86ED9AF4B4E1C94D5**

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

420.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 77 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tami Geroski**

Mailing Address 25 Lakeview Dr

City

Jessup

State

PA

Zip Code

18434-1159

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

Transaction ID : B528904878684459B2A0

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Tami Geroski**

Mailing Address 25 Lakeview Dr

City

Jessup

State

PA

Zip Code

18434-1159

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

Transaction ID : A11B09C0995F4F00800E

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. Clinton C. Giese**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Product Mktg Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

Transaction ID : 629401F6A93C44FC80D3

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

100.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 78 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Clinton C. Giese**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Product Mktg Comm

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : C0CD65D71AE940CEB4A2**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. John P. Gleason**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP & Chief of Staff to CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 761CC7A52C6C4A9CA2EC**

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**C. John P. Gleason**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP & Chief of Staff to CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : A8F9D770610948D4AD8C**

Amount of Each Receipt this Period

192.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

414.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 79 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Joshua Goldberg**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Exec Dir Hlth Policy Priv Mkts

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : EA79F30F3DF5490FBD0C**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Joshua Goldberg**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Exec Dir Hlth Policy Priv Mkts

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : C26628D10EC842F3882E**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. Victor R. Gomez**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Procurement Contract

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : C93274FB2C304C1192C1**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

100.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

A. Victor R. Gomez

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Procurement Contract

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2015

Transaction ID : 078DA200F3114BA6B4FB

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Walter D. Goodnight

Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Medicaid Rpt &amp; Comp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2015

Transaction ID : BE8D31FBA11547FD8446

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

c. Walter D. Goodnight

Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Medicaid Rpt &amp; Comp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2015

Transaction ID : AD9038A9AD0A4B628B09

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

70.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 251  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James David Goodson**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Enterprise Medicare

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 778008F135874B138A43**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**B. James David Goodson**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Enterprise Medicare

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 52AEAF8CBCFB48308275**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C. Kimberly Ann Green**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Govt Prog Compliance Off

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 996D75473F8040E39589**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 82 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kimberly Ann Green**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Govt Prog Compliance Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 217BC72FBB65454991B4**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Tina Y. Green**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sup Application-Web

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 5C2A3DB4428B4D27A230**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Tina Y. Green**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sup Application-Web

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 3C79B9E5B80049D08E2E**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

70.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 251  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stephania Grober**

Mailing Address 1400 S Boston Ave

City State Zip Code  
Tulsa OK 74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Sr Dir Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : C639CF3F0F844E70AF30**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Stephania Grober**

Mailing Address 1400 S Boston Ave

City State Zip Code  
Tulsa OK 74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Sr Dir Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 03204D898FF64CB4A050**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Anna H Gross**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Enterprise Appl Integ Consult

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 1C54DFF972494D6FAA5E**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

70.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 84 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Anna H Gross**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Enterprise Appl Integ Consult

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 23DE9B66362E42BD8727**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Shannon Elizabeth Groves**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City

Albuquerque

State

NM

Zip Code

87113-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Health Policy Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : A4643D394DDC4B5FA0CC**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Shannon Elizabeth Groves**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City

Albuquerque

State

NM

Zip Code

87113-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Health Policy Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 9E1EE20E06CF461CB66F**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 OF 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Maged A. Guirguis**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Sup Network-ENS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : B4B67EF839AF4CD7A7D4**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Maged A. Guirguis**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Sup Network-ENS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 953525044737466CBB39**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. William Haggett**

Mailing Address 455 S Gulph Rd  
Suite 307

City State Zip Code  
King Of Prussia PA 19406-3114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 7E4407F930734D6E8687**

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 86 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. William Haggett**

Mailing Address 455 S Gulph Rd  
Suite 307

City State Zip Code  
King Of Prussia PA 19406-3114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 1EEBB6C2ECB84703BF0E**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

## **B. Paul Hain**

Mailing Address 1001 E Lookout Dr

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Sr Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 131F5CDF320B485E9141**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

## **C. Laurie L. Hamic**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Sr Mgr System Pricing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 91335319E109492F9407**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

150.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 87 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Laurie L. Hamic**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Sr Mgr System Pricing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY  
07 / 24 / 2015

**Transaction ID : D73EF7FC488F4CF7BC3D**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Steven R Hamlin**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Exec Dir Sales Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
07 / 10 / 2015

**Transaction ID : B14F056B3E5B47FF9AFD**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Steven R Hamlin**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Exec Dir Sales Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
07 / 24 / 2015

**Transaction ID : 65CF223703B24F79AE66**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 88 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stephen F. Hamman**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

DSVP Provider Services IL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1032.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 03FC9F9B38BC49608818**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**B. Stephen F. Hamman**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

DSVP Provider Services IL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1032.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 93F0D8AC5444495088FB**

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**C. Leigh Ann Hancock**

Mailing Address 1400 S Boston Ave

City

Tulsa

State

OK

Zip Code

74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Subscriber Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 33A2E7D91432425FA106**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

272.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 OF 251  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Leigh Ann Hancock**

Mailing Address 1400 S Boston Ave

City State Zip Code  
Tulsa OK 74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Sr Mgr Subscriber Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2015

**Transaction ID : A19581F3B3F34084883D**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Cynthia G Hansen**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Sr Mgr Project Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2015

**Transaction ID : 8D9DC3F3305C4C9DB69D**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Cynthia G Hansen**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Sr Mgr Project Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2015

**Transaction ID : 1EBC58D2826A4DAFAB3B**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 90 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jerry E Harbaugh**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Sr Mgr Actuarial Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY  
07 / 10 / 2015

**Transaction ID : EE0FA1D3CA5C4CB88C8F**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Jerry E Harbaugh**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Sr Mgr Actuarial Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY  
07 / 24 / 2015

**Transaction ID : C8254A511EE349CF97E0**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Dean C. Haverkamp**

Mailing Address 3625 Amhurst Pkwy

City State Zip Code  
Waukegan IL 60085-8341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Lead Systems Architect Consult

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY  
07 / 10 / 2015

**Transaction ID : 61D7538A04DE4ED5AB7A**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 91 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dean C. Haverkamp**

Mailing Address 3625 Amhurst Pkwy

City

Waukegan

State

IL

Zip Code

60085-8341

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Lead Systems Architect Consult

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 0272B93F06AC412A886D**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Michael Ted Haynes**

Mailing Address 1400 S Boston Ave

City

Tulsa

State

OK

Zip Code

74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

President OK Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 496E9BA964854587B633**

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**C. Michael Ted Haynes**

Mailing Address 1400 S Boston Ave

City

Tulsa

State

OK

Zip Code

74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

President OK Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : DD54578E0D5F409E8414**

Amount of Each Receipt this Period

192.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

424.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 OF 251  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kathryn E. Hedke**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Actuary III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 4AF48FE66EF049B28239**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Kathryn E. Hedke**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Actuary III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : E15706E6349F4536854F**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. Peter A. Hellstrom**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Underwriting IL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 6FC92CB487EE4A39B081**

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 93 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Peter A. Hellstrom**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Underwriting IL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 1C2FA87DAAB94430BE52**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B. Patricia A. Hemingway**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 5E825C7854914E769A6B**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Patricia A. Hemingway**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 58ACA148F8674A6BA1F0**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

495.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 94 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James Warren Hendricks**

Mailing Address 1400 S Boston Ave

City

Tulsa

State

OK

Zip Code

74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Medical Director II

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

675.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 3166B6DC622043C0B466**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B. James Warren Hendricks**

Mailing Address 1400 S Boston Ave

City

Tulsa

State

OK

Zip Code

74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Medical Director II

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

675.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : B479E26804AB4C5F84EF**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**C. Julie A. Henry**

Mailing Address 2787 McFarland Rd

City

Rockford

State

IL

Zip Code

61107-6815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Product Development Consult

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 4FB000E6796246AF902B**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 95 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Julie A. Henry**

Mailing Address 2787 McFarland Rd

City

Rockford

State

IL

Zip Code

61107-6815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Product Development Consult

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

**Transaction ID : 589D174E4BA04E3B93A1**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Scott A. Hilgemann**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Chief Underwriter DSVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

**Transaction ID : 7F44FBAF41A5431A91FF**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Scott A. Hilgemann**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Chief Underwriter DSVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

**Transaction ID : 09B3F500C55140B6B247**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 96 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert T. Hill**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Application Developmnt Spec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : B5FE2B8062624917A18B**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Robert T. Hill**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Application Developmnt Spec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 71D993394532404197E8**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Kathleen M Hocking**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Ld Web Mktg Communication Cons

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 6B793A41FC94402092C8**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 97 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kathleen M Hocking**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Ld Web Mktg Communication Cons

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : F031C52B6D4D4186968E**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Tracey E. Hodge**

Mailing Address 1800 West Loop S

City

Houston

State

TX

Zip Code

77027-3272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Provider Network Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 189FAB37A712401B83D0**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Tracey E. Hodge**

Mailing Address 1800 West Loop S

City

Houston

State

TX

Zip Code

77027-3272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Provider Network Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : FF1848DA7CDB4E84B791**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 OF 251  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kim Hoff**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
DVP Technology Info Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 6BCB4BFE0BA7423BAE09**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Kim Hoff**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
DVP Technology Info Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 1C8C4D4348F9458CB88B**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. Melissa Phillips Holladay**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Dir Provider Analysis

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 9DE317C849AD474EAA6C**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

110.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 99 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Melissa Phillips Holladay**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Provider Analysis

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : BBFEDACE7C3945B68817**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Denise Nicot Holmes**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Mgr Project Management I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 92A88837C8A147FBB26D**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Denise Nicot Holmes**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Mgr Project Management I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 0176BF5A572D4B2EA785**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

80.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 100 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sarah Allen Hoover**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 6A263898413D44DA92D8**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Sarah Allen Hoover**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 59C43716B2DA413B9B87**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. Sharyn K. Hoptay**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Dir EHCM Program Strat & Imp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 572BD26D22454B6BB324**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 101 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sharyn K. Hoptay**Mailing Address 1001 E Lookout Dr  
Bldg B

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir EHCM Program Strat &amp; Imp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 1E0A0563E05A4F8D925B**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Richard N. Horn**

Mailing Address 7901 Wallace Blvd

City	State	Zip Code
Amarillo	TX	79124-2152

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Sales Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 8F2846C4380C48A29E07**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Richard N. Horn**

Mailing Address 7901 Wallace Blvd

City	State	Zip Code
Amarillo	TX	79124-2152

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Sales Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 9EDBDE852CD64956815E**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

100.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 OF 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John Hosea**

Mailing Address 1001 E Lookout Dr  
Bldg A

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Exec Dir Emp Well & Benef Cons

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

MM / DD / YYYY  
07 / 10 / 2015

**Transaction ID : 455D62C2FA614481AE6B**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B. John Hosea**

Mailing Address 1001 E Lookout Dr  
Bldg A

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Exec Dir Emp Well & Benef Cons

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

MM / DD / YYYY  
07 / 24 / 2015

**Transaction ID : E39DDC6CAA6D420E83D6**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**C. Laura R. Hottel**

Mailing Address 3817 NW Expressway

City State Zip Code  
Oklahoma City OK 73112-1489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Dir Network Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
07 / 10 / 2015

**Transaction ID : 04BDA15F895845BD9D2C**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 103 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Laura R. Hottel**

Mailing Address 3817 NW Expressway

City	State	Zip Code
Oklahoma City	OK	73112-1489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Dir Network Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 40E1A7CB CD6C4BEDA3E**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Hilarie Deann Houghton**Mailing Address 1001 E Lookout Dr  
Bldg B

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Communications Consultant III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : CF8C42A16E914393AC53**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Hilarie Deann Houghton**Mailing Address 1001 E Lookout Dr  
Bldg B

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Communications Consultant III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 2E6C8F5AA3DF43E5BF17**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 104 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Liangjiao Huang**Mailing Address 1001 E Lookout Dr  
Bldg B

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Actuary III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 0F4E1B2A5DB3455B8803**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Liangjiao Huang**Mailing Address 1001 E Lookout Dr  
Bldg B

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Actuary III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 63679CEC46D64611AB6D**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. Paula A. Huck**

Mailing Address 1400 S Boston Ave

City	State	Zip Code
Tulsa	OK	74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Community Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 0952476C7AF444DBB667**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

90.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 105 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Paula A. Huck**

Mailing Address 1400 S Boston Ave

City

Tulsa

State

OK

Zip Code

74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Community Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 950614D932EB41839322**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Laura E. Hutchison**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Retail Strategy&Infrastrure

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 632F68A1978C4BCDB772**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**C. Laura E. Hutchison**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Retail Strategy&Infrastrure

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 9545164D2E3E40DBBFC7**

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 OF 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stephanie J. Hutchison**

Mailing Address 1400 S Boston Ave

City State Zip Code  
Tulsa OK 74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Mgr Market Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 10 / 2015

**Transaction ID : F945B9F15926406DAEB2**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Stephanie J. Hutchison**

Mailing Address 1400 S Boston Ave

City State Zip Code  
Tulsa OK 74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Mgr Market Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2015

**Transaction ID : 651F0BE3773E4ED0AB94**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Robert Imes**

Mailing Address 475 K St NW

City State Zip Code  
Washington DC 20001-5252

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
VP Health Policy Private Mkts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 10 / 2015

**Transaction ID : 0DFCE8F561464B2381B0**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

140.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 107 OF 251  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert Imes**

Mailing Address 475 K St NW

City

Washington

State

DC

Zip Code

20001-5252

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Health Policy Private Mkts

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

**Transaction ID : ED7AB074BF6045FEBD7D**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Donald Kevin Irby**Mailing Address 1001 E Lookout Dr  
Bldg A

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Actuary &amp; DVP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

**Transaction ID : 2C242B9BCC7540D89506**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**C. Donald Kevin Irby**Mailing Address 1001 E Lookout Dr  
Bldg A

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Actuary &amp; DVP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

**Transaction ID : 7A122EFAA6E64D868ED0**

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

190.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 108 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Margaret T. Isom**Mailing Address 1001 E Lookout Dr  
Bldg B

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Sales Executive Small Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 9DE55DEBE12847BEADD2**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Margaret T. Isom**Mailing Address 1001 E Lookout Dr  
Bldg B

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Sales Executive Small Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 27E911C6F67C46C98CB2**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Lori N. Ivanoff**

Mailing Address 1800 West Loop S

City	State	Zip Code
Houston	TX	77027-3272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Provider Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 6186D95F1E1A45D6BEDB**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 109 OF 251  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lori N. Ivanoff**

Mailing Address 1800 West Loop S

City

Houston

State

TX

Zip Code

77027-3272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Provider Contracting

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

**Transaction ID : 268C1AC7037F414AADFF**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Mary S. Izlar**Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sup Enter Tstg &amp; Bus Analy Svc

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

**Transaction ID : 4A38588A4B70433BB4B4**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. Mary S. Izlar**Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sup Enter Tstg &amp; Bus Analy Svc

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

**Transaction ID : 20289E04F0D348918965**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 110 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kelly A. Jacks**

Mailing Address 1001 E Lookout Dr  
Bldg A

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Dir Compliance Investigat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : B6371CCFAF124AEDA93C**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Kelly A. Jacks**

Mailing Address 1001 E Lookout Dr  
Bldg A

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Dir Compliance Investigat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 30C672D6621E4E5B922E**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Jeffrey L. Jacobi**

Mailing Address 9442 N Capital of Texas Hwy  
Arboretum Plaza li

City State Zip Code  
Austin TX 78759-6311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Mid Market Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 0642C288270E49678A43**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

90.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 111 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeffrey L. Jacobi**Mailing Address 9442 N Capital of Texas Hwy  
Arboretum Plaza li

City	State	Zip Code
Austin	TX	78759-6311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Mid Market Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : EF4547EA0CBB4FBF87BC**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Robert J. Janicek**Mailing Address 2525 Colonial Dr  
Ste A

City	State	Zip Code
Helena	MT	59601-4902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP ITG Services MT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 47011AAA240140B2BF95**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**C. Robert J. Janicek**Mailing Address 2525 Colonial Dr  
Ste A

City	State	Zip Code
Helena	MT	59601-4902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP ITG Services MT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 89C1137704824FA68BA7**

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

200.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 112 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert Janowitz**

Mailing Address 1020 31st St

City

Downers Grove

State

IL

Zip Code

60515-5501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Medical Director II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

Transaction ID : BA8992A2FFC049AA9B06

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**B. Robert Janowitz**

Mailing Address 1020 31st St

City

Downers Grove

State

IL

Zip Code

60515-5501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Medical Director II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

Transaction ID : 97F5B089853641488B90

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C. Susan D. Jeffers**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

Transaction ID : 921F5FDF7EC247138293

Amount of Each Receipt this Period

115.00

SUBTOTAL of Receipts This Page (optional)..... ►

235.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 113 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Susan D. Jeffers**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Marketing

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : A185D4752FBD4A94AB8E**

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

**B. William C. Jeffery**

Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Special Programs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 5E5C4FFE184C42C39119**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. William C. Jeffery**

Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Special Programs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : CC25C94468F443AF94B2**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

155.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 114 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Rodrick P. Johns**

Mailing Address 1400 S Boston Ave

City

Tulsa

State

OK

Zip Code

74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Maj/Nat Strategic Acct Exec I

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : B42B8155A5F6427D9BA6**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Rodrick P. Johns**

Mailing Address 1400 S Boston Ave

City

Tulsa

State

OK

Zip Code

74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Maj/Nat Strategic Acct Exec I

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 6865B85F4ABC4CB09511**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Cynthia A. Johnson**

Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Ent Prod & Clin Opr Int

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 4D36D5186DFA40A7B093**

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 115 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cynthia A. Johnson**Mailing Address 1001 E Lookout Dr  
Bldg B

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Ent Prod &amp; Clin Opr Int

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 74E465A8FD2E4E12A3C1**

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**B. Donna Lynn Johnson**

Mailing Address 1400 S Boston Ave

City	State	Zip Code
Tulsa	OK	74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Mgr IT Audit &amp; Support Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : B1E420F2DA174F0792D8**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Donna Lynn Johnson**

Mailing Address 1400 S Boston Ave

City	State	Zip Code
Tulsa	OK	74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Mgr IT Audit &amp; Support Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 5C525E098005479B8872**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

110.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 116 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Travis B. Johnson**

Mailing Address 3817 NW Expressway

City	State	Zip Code
Oklahoma City	OK	73112-1489

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Dir Account Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 3E1D5ECBA85C44118B30**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Travis B. Johnson**

Mailing Address 3817 NW Expressway

City	State	Zip Code
Oklahoma City	OK	73112-1489

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Dir Account Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 9730F113633C4A57BF5D**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. James L. Kadela**

Mailing Address 300 E Randolph St

City	State	Zip Code
Chicago	IL	60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

SVP Fin &amp; Strat Suppt &amp; Optim

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 4909A682C13944A19896**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

160.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 117 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James L. Kadela**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

SVP Fin &amp; Strat Suppt &amp; Optim

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2015

**Transaction ID : 5CEE12F396634DD0A4A7**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Mary Anne Kania**

Mailing Address 25 Lakeview Dr

City

Jessup

State

PA

Zip Code

18434-1159

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Audit Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2015

**Transaction ID : 7BB5F3E63ACF461891D3**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Mary Anne Kania**

Mailing Address 25 Lakeview Dr

City

Jessup

State

PA

Zip Code

18434-1159

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Audit Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2015

**Transaction ID : FB039EAB82494AE79E5C**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

140.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 OF 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Rika P. Kari**

Mailing Address 1001 E Lookout Dr  
Bldg A

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Sr Dir Analytics Consulting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 98C2F06313B947298E36**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Rika P. Kari**

Mailing Address 1001 E Lookout Dr  
Bldg A

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Sr Dir Analytics Consulting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : F6AB3DFE8A9144FA9030**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Kimm A. Kartman**

Mailing Address 1800 West Loop S

City State Zip Code  
Houston TX 77027-3272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Sr Mgr Major/National Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : D5078DB913474BC1B791**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 119 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kimm A. Kartman**

Mailing Address 1800 West Loop S

City

Houston

State

TX

Zip Code

77027-3272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Major/National Accounts

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

**Transaction ID : 77B89C0D7D9A4439AEE2**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Denise V. Kawas**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City

Albuquerque

State

NM

Zip Code

87113-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Small Group&amp;Ind Sal/Acct

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

**Transaction ID : 55CF05AA7D7240179C61**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Denise V. Kawas**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City

Albuquerque

State

NM

Zip Code

87113-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Small Group&amp;Ind Sal/Acct

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

**Transaction ID : B3E740B7DE0B4447AE27**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

80.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 OF 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jason M. Kaye**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
VP Corporate Real Estate & Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2015

**Transaction ID : 86BB9F7A70BD447CB1C0**

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

**B. Jason M. Kaye**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
VP Corporate Real Estate & Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2015

**Transaction ID : 5742B18B86D64E35883C**

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

**C. Richard Kelly**

Mailing Address 1400 S Boston Ave

City State Zip Code  
Tulsa OK 74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Network Management OK DVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2015

**Transaction ID : B47CE50BDA54411B8413**

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

250.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 121 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard Kelly**

Mailing Address 1400 S Boston Ave

City

Tulsa

State

OK

Zip Code

74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Network Management OK DVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 3338A1FBC7974CC0A85C**

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**B. Jerry M. Kerbo**

Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Major/Natl Account Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 272ADB7DE87F4EE4896C**

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

**c. Jerry M. Kerbo**

Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Major/Natl Account Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 4D7C0492E2494C37801A**

Amount of Each Receipt this Period

38.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

146.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 122 OF 251  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kenneth G. Kerr**Mailing Address 1001 E Lookout Dr  
Bldg ACity State Zip Code  
Richardson TX 75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Process Consultant III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2015**Transaction ID : D91BB663F68B4CB6994A**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Kenneth G. Kerr**Mailing Address 1001 E Lookout Dr  
Bldg ACity State Zip Code  
Richardson TX 75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Process Consultant III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2015**Transaction ID : 00B457D43C804464B0B0**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Laura A. Kibby**Mailing Address 1001 E Lookout Dr  
Bldg BCity State Zip Code  
Richardson TX 75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Med Mgmt Accreditation Coord

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2015**Transaction ID : B14F2ACF059A4E65A3C0**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

70.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 123 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Laura A. Kibby**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Med Mgmt Accreditation Coord

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY  
07 / 24 / 2015

**Transaction ID : B749BA16BAF9490CB5A5**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Janice J. Knight**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
SVP and Chief Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1872.00

Date of Receipt

MM / DD / YYYY  
07 / 10 / 2015

**Transaction ID : A6C596C7B9DE41668971**

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**C. Janice J. Knight**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
SVP and Chief Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1872.00

Date of Receipt

MM / DD / YYYY  
07 / 24 / 2015

**Transaction ID : 351EC3D668C1482C9AC0**

Amount of Each Receipt this Period

192.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

342.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 124 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michelle Komar**

Mailing Address 708 N Ridgeland Ave

City

Oak Park

State

IL

Zip Code

60302-1736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : A81E9350C5224B7FAA23**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Michelle Komar**

Mailing Address 708 N Ridgeland Ave

City

Oak Park

State

IL

Zip Code

60302-1736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 520E8376CBDD4D0AA20C**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. John E. Kosky**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City

Albuquerque

State

NM

Zip Code

87113-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP &amp; General Counsel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 249679A6E75443A9878B**

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

110.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 125 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John E. Kosky**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City State Zip Code  
Albuquerque NM 87113-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
VP & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 306365B017E24E6C8D98**

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**B. Kurtis J. Kossen**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
VP Retail Markets

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 7AADFA3EC0F1479EAC37**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C. Kurtis J. Kossen**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
VP Retail Markets

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : F9389242CF1F42E0BF27**

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

190.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 126 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Charlene M. Krueger**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Mgr Network I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 48F571D449D74EAE8CCE**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Charlene M. Krueger**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Mgr Network I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 0800F82A0FCD4FC6B878**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. Linda C. Kunkel Glogovsky**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Enterprise Sourcing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 081828E38B9E4C568CB8**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 127 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Linda C. Kunkel Glogovsky**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Enterprise Sourcing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 276444048FCC4D9D8408**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Mary A. Leahy**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Project Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 5A64F72BE4EE464EB99C**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. Mary A. Leahy**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Project Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 3C39DF6BB4C34E8BAF18**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 128 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Montie M. Ledford**

Mailing Address 1001 E Lookout Dr  
Bldg A

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Business Portfolio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
07 / 10 / 2015

**Transaction ID : 425E847B8CFE490486DB**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Montie M. Ledford**

Mailing Address 1001 E Lookout Dr  
Bldg A

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Business Portfolio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
07 / 24 / 2015

**Transaction ID : 2A3CA5FE9AA74B4CBC90**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Sarah B. Lee**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr IT Business Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
07 / 10 / 2015

**Transaction ID : 2B286A5A3E634EBA9BAA**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 129 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sarah B. Lee**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr IT Business Consultant

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		2	4		2	0	1	5		

**Transaction ID : 52AAB6B9E938431B8F40**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Jeanne R. Lehman**Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Clinical Programs

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		1	0		2	0	1	5		

**Transaction ID : BDF A758FC582411280B2**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Jeanne R. Lehman**Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Clinical Programs

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		2	4		2	0	1	5		

**Transaction ID : D94D5A7D570044E28CBC**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 130 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Johnna R. Lenamon**

Mailing Address 1800 West Loop S

City

Houston

State

TX

Zip Code

77027-3272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Dir Provider Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 45CBB61408F444B6AAF8**

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**B. Johnna R. Lenamon**

Mailing Address 1800 West Loop S

City

Houston

State

TX

Zip Code

77027-3272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Dir Provider Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 81EB541576454F12A636**

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**C. Gnaneshwar Lendale**

Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Application Development Spec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 9AB21BBAB84D448D9626**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

160.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 131 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gnaneshwar Lendale**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Application Development Spec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
07 / 24 / 2015

**Transaction ID : D2E7E64BB20B419986C9**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Linden Todd Lindsey**

Mailing Address 1400 S Boston Ave

City State Zip Code  
Tulsa OK 74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Application

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
07 / 10 / 2015

**Transaction ID : 6D4BC2D9CCA740FCA279**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Linden Todd Lindsey**

Mailing Address 1400 S Boston Ave

City State Zip Code  
Tulsa OK 74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Application

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
07 / 24 / 2015

**Transaction ID : 7568526F786B49E6883F**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 132 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Judy Loden Gragg**

Mailing Address 1001 E Lookout Dr  
Bldg A

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Consumer Mkts Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
07 / 10 / 2015

**Transaction ID : 896B77351F68475899AD**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Judy Loden Gragg**

Mailing Address 1001 E Lookout Dr  
Bldg A

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Consumer Mkts Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
07 / 24 / 2015

**Transaction ID : 2ED84BE6E0C74E2D9C37**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. William Paul Lombardi**

Mailing Address 560 N Park Ave

City State Zip Code  
Helena MT 59601-2702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

DVP MT Govt Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2850.00

Date of Receipt

MM / DD / YYYY  
07 / 10 / 2015

**Transaction ID : C029FD8247F2465BADAC**

Amount of Each Receipt this Period

190.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 133 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. William Paul Lombardi**

Mailing Address 560 N Park Ave

City  
HelenaState  
MTZip Code  
59601-2702FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

DVP MT Govt Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 1E366FE84665413BA7AE**

Amount of Each Receipt this Period

190.00

Full Name (Last, First, Middle Initial)

**B. Frances Ann Losacco**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Mgr Application

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : DF233FA370FF4339B282**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Frances Ann Losacco**

Mailing Address 300 E Randolph St

City  
ChicagoState  
ILZip Code  
60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Mgr Application

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 617BDCEFAF9F4AD2B6D8**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

240.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 134 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard C. Luttrell**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Marketing Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 669C4A490BAD4DFA9C1A**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Richard C. Luttrell**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Marketing Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 61E8CF7C11794FC684BD**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Bruce G Macleish**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Actuary III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 819B02FEC98B4970AC5B**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

85.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 135 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bruce G Macleish**Mailing Address 1001 E Lookout Dr  
Bldg B

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Actuary III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 82F9213459984AC993D5**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. James P. Mahoney**

Mailing Address 1800 West Loop S

City	State	Zip Code
Houston	TX	77027-3272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Small Grp/Ind Sales&amp;Acct M

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 40D20E690AC94EE7BB46**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Joseph F. Malinowski**Mailing Address 1001 E Lookout Dr  
Bldg B

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Student Health Acct Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 8E431EB8C05C41E684AC**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

75.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 136 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Joseph F. Malinowski**Mailing Address 1001 E Lookout Dr  
Bldg B

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Student Health Acct Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

Transaction ID : B336566916D340DB9C4C

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Steve J. Mallon**

Mailing Address 300 E Randolph St

City	State	Zip Code
Chicago	IL	60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sub Svcs Div SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

Transaction ID : 520229DF03974E20B74C

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C. Steve J. Mallon**

Mailing Address 300 E Randolph St

City	State	Zip Code
Chicago	IL	60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sub Svcs Div SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

Transaction ID : EFAEC4CC87C74D16B496

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 137 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Theria Malone**

Mailing Address 1800 West Loop S

City

Houston

State

TX

Zip Code

77027-3272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Condition Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : C82B9869E65F49EB8C6C**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Theria Malone**

Mailing Address 1800 West Loop S

City

Houston

State

TX

Zip Code

77027-3272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Condition Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 29038A6E84E84CF68376**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Vera L. Malone**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Compliance Ops&HISC Complia

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 9248A2CD56C04322B351**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

90.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 138 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Vera L. Malone**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Compliance Ops&amp;HISC Complia

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

Transaction ID : E8026C8E2DF1410D8FC4

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Robert Henry Manning**Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Application Development Spec

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

Transaction ID : 8388AD9EBD514413BC03

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Robert Henry Manning**Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Application Development Spec

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

Transaction ID : 888CEE34CE544489BDC9

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

70.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 OF 251  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Chris M. Marcelle**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Dir-SSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 8EA92312F78F4080B7F1**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Chris M. Marcelle**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Dir-SSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : FB5FD80D18294BC19CC0**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Gregory Marino**

Mailing Address 1400 S Boston Ave

City

Tulsa

State

OK

Zip Code

74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Medical Director II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 82F270C182234B1FA6BB**

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

85.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 140 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gregory Marino**

Mailing Address 1400 S Boston Ave

City

Tulsa

State

OK

Zip Code

74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Medical Director II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 75FCC168CEC541228BF4**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B. Michael J. Marks**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Maj/Natl Accts IL DVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 3EFF123AE4674B169C1A**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**C. Michael J. Marks**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Maj/Natl Accts IL DVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 7F27B173CB5A4F5AB46D**

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 141 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bert E. Marshall**Mailing Address 1001 E Lookout Dr  
Bldg BCity State Zip Code  
Richardson TX 75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
President Texas Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2015**Transaction ID : 709CE2A66B934AC1B27A**

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**B. Bert E. Marshall**Mailing Address 1001 E Lookout Dr  
Bldg BCity State Zip Code  
Richardson TX 75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
President Texas Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2015**Transaction ID : EBC5AFA4CB3D4A099157**

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**C. Alisa L. Martin**Mailing Address 1001 E Lookout Dr  
Bldg BCity State Zip Code  
Richardson TX 75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Dir EHCM BCC Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2015**Transaction ID : 91CC44F7519C4D41B13E**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

414.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 142 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Alisa L. Martin**Mailing Address 1001 E Lookout Dr  
Bldg B

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir EHCM BCC Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 854480639EF74F78934A**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Jeff Lynn Martin**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City	State	Zip Code
Albuquerque	NM	87113-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Asst General Counsel II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : F8EEABACC7BD4FDC91F6**

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**C. Jeff Lynn Martin**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City	State	Zip Code
Albuquerque	NM	87113-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Asst General Counsel II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 40922E0F816E4C6CB6B9**

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

170.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 143 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Benjamin M. Martinez**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Small Group Account Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

Transaction ID : 50021FB3EF844D79904B

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Benjamin M. Martinez**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Small Group Account Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

Transaction ID : 7E952B31AEAD4D169DC1

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Thomas Maryon**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP EHCM Grp & Retail Accts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

790.00

Date of Receipt

07 / 10 / 2015

Transaction ID : 1C3F3EC0D71F448E9597

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

100.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 144 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Thomas Maryon**Mailing Address 1001 E Lookout Dr  
Bldg B

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP EHCM Grp &amp; Retail Accts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

790.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 69461FB8A2E04BDA9EC7**

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

**B. Patricia Fuller McCandless**

Mailing Address 206 W 13th St

City	State	Zip Code
Austin	TX	78701-1821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Exec Dir TX Govt Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : E52136ACF4474D2AB118**

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**C. Patricia Fuller McCandless**

Mailing Address 206 W 13th St

City	State	Zip Code
Austin	TX	78701-1821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Exec Dir TX Govt Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 6E3ABBB9B0DB441781C4**

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

255.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 145 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Shara B. McClure**

Mailing Address 1800 West Loop S

City

Houston

State

TX

Zip Code

77027-3272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP-Network Management TX

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 7D3500C37A5E4FDEA194**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**B. Shara B. McClure**

Mailing Address 1800 West Loop S

City

Houston

State

TX

Zip Code

77027-3272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP-Network Management TX

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 9D913ECBD6A94892BA38**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**C. Heather D. McCown**

Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Dir Mkt Ops Plan & Projs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 34AA597B531247D79621**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

190.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 146 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Heather D. McCown**Mailing Address 1001 E Lookout Dr  
Bldg B

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Dir Mkt Ops Plan &amp; Projs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2015

**Transaction ID : F8F04A0E145C47EB862C**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Danny Ken McCoy**Mailing Address 1001 E Lookout Dr  
Bldg B

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP &amp; Chief Medical Officer-Tx

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1175.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2015

**Transaction ID : 47AE95E8B83941C7A654**

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

**C. Danny Ken McCoy**Mailing Address 1001 E Lookout Dr  
Bldg B

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP &amp; Chief Medical Officer-Tx

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1175.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2015

**Transaction ID : 485D03A887A447389EA0**

Amount of Each Receipt this Period

115.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

250.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 147 OF 251  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Conway Lawrence McDanald**Mailing Address 1001 E Lookout Dr  
Bldg BCity State Zip Code  
Richardson TX 75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP &amp; Chief Medical Officer BH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 10 / 2015**Transaction ID : 1A00A5DB5A464A218362**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**B. Conway Lawrence McDanald**Mailing Address 1001 E Lookout Dr  
Bldg BCity State Zip Code  
Richardson TX 75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP &amp; Chief Medical Officer BH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2015**Transaction ID : 8ADDC54379644164BCEA**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C. Randall N. McDaniel**Mailing Address 1001 E Lookout Dr  
Bldg BCity State Zip Code  
Richardson TX 75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Local Group Markets TX DVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1065.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 10 / 2015**Transaction ID : D9FD4DF7EA64405D9C45**

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

190.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 148 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Randall N. McDaniel**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Local Group Markets TX DVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1065.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : E2D971D0EFD9404A8CB8**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**B. Guy P. McGinnis**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Client Analytics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 50D64F2B0628436C80B1**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. Guy P. McGinnis**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Client Analytics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 2D712FA048E545399FA3**

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

235.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 149 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James D. McLean**

Mailing Address 3405 Liberty Dr

City

Springfield

State

IL

Zip Code

62704-6521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP SSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : F93F0F42B1FC4F248A68**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. James D. McLean**

Mailing Address 3405 Liberty Dr

City

Springfield

State

IL

Zip Code

62704-6521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP SSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : A87CC9442D9F4EADAD70**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**C. Patricia M. Metcalf**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City

Albuquerque

State

NM

Zip Code

87113-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Asst Mgr Performance Audit Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : A60F0A6939B14C46A2C9**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

85.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 150 OF 251  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Patricia M. Metcalf**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City	State	Zip Code
Albuquerque	NM	87113-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Asst Mgr Performance Audit Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : E86F7B4F7D05415F8E5C**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Iuliana Mihiu**

Mailing Address 300 E Randolph St

City	State	Zip Code
Chicago	IL	60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 701DDDF68754409D8087**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Iuliana Mihiu**

Mailing Address 300 E Randolph St

City	State	Zip Code
Chicago	IL	60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 75056F77D53B40D38230**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 151 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michelle A. Milcarek**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Enterprise Health Care Consult

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 85EEBFB730AF4AEA5D2**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Michelle A. Milcarek**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Enterprise Health Care Consult

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 94155731F0BC4C8CA7B5**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Diane C. Miller**

Mailing Address 4373 Alexander Blvd NE

City  
Albuquerque

State  
NM

Zip Code  
87107-6802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Subscriber Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 2500B3DDFCD6458E8F2C**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 152 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Diane Miller**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sup Application-Mainframe

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : F361B862CDB84805A2FD**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Diane Miller**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sup Application-Mainframe

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : D38B695132BB4EDF8A95**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. Diane C. Miller**

Mailing Address 4373 Alexander Blvd NE

City

Albuquerque

State

NM

Zip Code

87107-6802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Subscriber Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 3FDEB9EB030B406AB7BB**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 153 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Andrea K. Mitchell**

Mailing Address 1020 31st St

City

Downers Grove

State

IL

Zip Code

60515-5501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Metro Brokerage Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

Transaction ID : 62196D31E234454FA4D7

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Andrea K. Mitchell**

Mailing Address 1020 31st St

City

Downers Grove

State

IL

Zip Code

60515-5501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Metro Brokerage Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

Transaction ID : FF4F5E4E68A941EB91B8

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Kimberly K. Mitchell**

Mailing Address 3817 NW Expressway

City

Oklahoma City

State

OK

Zip Code

73112-1489

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Major/Natl Account Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 10 / 2015

Transaction ID : A856C021716C433C8FFC

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 154 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kimberly K. Mitchell**

Mailing Address 3817 NW Expressway

City State Zip Code  
 Oklahoma City OK 73112-1489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care Service Corporation

Occupation  
 Sr Mgr Major/Natl Account Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : E364AD8744D840138832**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Matthew L. Mize**

Mailing Address 1001 E Lookout Dr  
 Bldg A

City State Zip Code  
 Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care Service Corporation

Occupation  
 VP Revenue Optimization

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 01085810CF92415596C5**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**C. Matthew L. Mize**

Mailing Address 1001 E Lookout Dr  
 Bldg A

City State Zip Code  
 Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care Service Corporation

Occupation  
 VP Revenue Optimization

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : F2B5A4422C934216842F**

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 OF 251  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. William C. Monroe**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Special Investigations Dept

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

675.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 1FD9A1E2FFBF4CC9A63D**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B. William C. Monroe**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Special Investigations Dept

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

675.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 0CB0C53EF1214A8C9DA0**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**C. Darold Marc Monson**

Mailing Address 1001 E Lookout Dr

Bldg A

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Process Improvement Mgr II

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 3CFF64592F914B5AAA0D**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

110.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 156 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Darold Marc Monson**Mailing Address 1001 E Lookout Dr  
Bldg A

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Process Improvement Mgr II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 1B8F4F1AE81B4F6A900C**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Delores F. Moore**

Mailing Address 4002 Loop 322

City	State	Zip Code
Abilene	TX	79602-7330

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP SSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1335.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : EF91265E023C4DE59CA9**

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

**C. Delores F. Moore**

Mailing Address 4002 Loop 322

City	State	Zip Code
Abilene	TX	79602-7330

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP SSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1335.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 5E90733CB2324C68BCB5**

Amount of Each Receipt this Period

115.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

250.00

**TOTAL** This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 OF 251

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Care Service Corporation Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daniel Moraga

Mailing Address 4411 the 25 Way NE

City	State	Zip Code
Albuquerque	NM	87109-5857

FEC ID number of contributing federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Sr Dir Govt Prog Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

Transaction ID : E525564433E34F159CB0

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Daniel Moraga

Mailing Address 4411 the 25 Way NE

City	State	Zip Code
Albuquerque	NM	87109-5857

FEC ID number of contributing federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Sr Dir Govt Prog Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

Transaction ID : 7B87D747437047E79430

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Esther M. Morales

Mailing Address 300 E Randolph St

City	State	Zip Code
Chicago	IL	60601-5014

FEC ID number of contributing federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Quality Management Prog DVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

Transaction ID : 6B6310CD415D411BBE4E

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

55.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 OF 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Esther M. Morales**

Mailing Address 300 E Randolph St

City State Zip Code  
 Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care Service Corporation

Occupation  
 Quality Management Prog DVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY  
 07 / 24 / 2015

**Transaction ID : F1E0A126751842559AC3**

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. Elizabeth A. Morren**

Mailing Address 1001 E Lookout Dr  
 Bldg A

City State Zip Code  
 Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care Service Corporation

Occupation  
 Maj/Nat Principal Account Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

MM / DD / YYYY  
 07 / 10 / 2015

**Transaction ID : 45242A3C0ED04647AFF4**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. Elizabeth A. Morren**

Mailing Address 1001 E Lookout Dr  
 Bldg A

City State Zip Code  
 Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care Service Corporation

Occupation  
 Maj/Nat Principal Account Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

MM / DD / YYYY  
 07 / 24 / 2015

**Transaction ID : 855B4A7419F445AD9ACB**

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

85.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 OF 251  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert Morrow**

Mailing Address 2514 Encino Ln

City

Sugar Land

State

TX

Zip Code

77478-3605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

07 / 10 / 2015

Transaction ID : DF360B17ABFD4520BB09

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

**B. Robert Morrow**

Mailing Address 2514 Encino Ln

City

Sugar Land

State

TX

Zip Code

77478-3605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

07 / 24 / 2015

Transaction ID : 8F8E066EF4D54AE691A0

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

**C. Douglas Mullins**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

Transaction ID : 56F85A8F8044499E8955

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 OF 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Douglas Mullins**

Mailing Address 300 E Randolph St

City State Zip Code  
 Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care Service Corporation

Occupation  
 Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : E2D0E8F881BD4C0FA2F0**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Christopher J. Muniz**

Mailing Address 4242 Sunset Dr

City State Zip Code  
 San Angelo TX 76904-5652

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care Service Corporation

Occupation  
 Dir-SSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 76877F00641F4A4FAE47**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**c. Christopher J. Muniz**

Mailing Address 4242 Sunset Dr

City State Zip Code  
 San Angelo TX 76904-5652

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care Service Corporation

Occupation  
 Dir-SSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 8C09A05A6A68407A8899**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 161 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Therese Murphy**

Mailing Address 2770 Whitlock Dr

City  
DarienState  
ILZip Code  
60561-1789FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Enterprise Sales Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

**Transaction ID : 7CE138446FF14DEF905A**

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

**B. Dale Myers**Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Mgr Professional Provider Ntwk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

**Transaction ID : A708A914D852435288DD**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Dale Myers**Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Mgr Professional Provider Ntwk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

**Transaction ID : 508A808E2A4540CBBD38**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

155.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 162 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Brian S. Nelson**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Exec Dir Marketing Technology

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 8C9FAFFAD47B4E96A2A0**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Brian S. Nelson**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Exec Dir Marketing Technology

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 5EB673FD33FE4660B095**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. Diana L. Nevins**

Mailing Address 1800 West Loop S

City

Houston

State

TX

Zip Code

77027-3272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

National Accts Sales Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : B6AEC5D67F004BEAA250**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

90.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 163 OF 251  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Diana L. Nevins**

Mailing Address 1800 West Loop S

City

Houston

State

TX

Zip Code

77027-3272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

National Accts Sales Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

**Transaction ID : F4FDB5C6F5B44A66A37C**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Karen M. Newman**Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Subscriber Services

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

**Transaction ID : 03A171F580604DECAC91**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Karen M. Newman**Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Subscriber Services

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

**Transaction ID : 31BB1155E514D6A8A9C**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

80.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 164 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeffrey Nicola**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Retail Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

**Transaction ID : C82E3637A07D48C7939B**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey Nicola**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Retail Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

**Transaction ID : E9B00A83A0694BA894C5**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**C. Richard Nilles**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

**Transaction ID : BC218BEAE6774B198D32**

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

135.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 OF 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard Nilles**

Mailing Address 300 E Randolph St

City State Zip Code  
 Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care Service Corporation

Occupation  
 Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : CB2F8D2283C14FCE8C58**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B. Diane F. O'Brien**

Mailing Address 300 E Randolph St

City State Zip Code  
 Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care Service Corporation

Occupation  
 Sr Mgr Project Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 3385DF4AEE40420E88E9**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. Diane F. O'Brien**

Mailing Address 300 E Randolph St

City State Zip Code  
 Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care Service Corporation

Occupation  
 Sr Mgr Project Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : C8E6A7AC729A42E69C34**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

85.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 166 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jacquelyn S. O'Brien**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Electronic Media Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : BF3EA2CA1F724E278005**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Jacquelyn S. O'Brien**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Electronic Media Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : E0A5684E5A3342929EA4**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Elaine A. Olzawski**

Mailing Address 1400 S Boston Ave

City

Tulsa

State

OK

Zip Code

74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Dir Health Care Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 8CFCD757A80A4EE8938A**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

100.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 167 OF 251  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Elaine A. Olzawski**

Mailing Address 1400 S Boston Ave

City	State	Zip Code
Tulsa	OK	74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Dir Health Care Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

Transaction ID : EC3A17169F18495FB89F

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Suzie A. Omstead**

Mailing Address 1400 S Boston Ave

City	State	Zip Code
Tulsa	OK	74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Clinical Account Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

Transaction ID : F463DEAA59B44E398BAD

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Suzie A. Omstead**

Mailing Address 1400 S Boston Ave

City	State	Zip Code
Tulsa	OK	74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Clinical Account Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

Transaction ID : DFEB2854EDCC4B4BB65E

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

80.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 168 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stephen Louis Ondra**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

SVP &amp; CMO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

**Transaction ID : 1CFDB9C2C30E4103B946**

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**B. Stephen Louis Ondra**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

SVP &amp; CMO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

**Transaction ID : D0174EBBA79942639DCC**

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**C. Tina R. Oswalt**Mailing Address 1300 E Pinecrest Dr  
Ste A

City

Marshall

State

TX

Zip Code

75670-7356

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir-SSD

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

**Transaction ID : 5F684266E6454B228A7A**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

404.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 169 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tina R. Oswalt**

Mailing Address 1300 E Pinecrest Dr  
Ste A

City State Zip Code  
Marshall TX 75670-7356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Dir-SSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 3F186201A703455D9A1F**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Mark William Owen**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
President Government Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : E572DA43639F4D059728**

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**C. Mark William Owen**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
President Government Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 41019F3514C54BC9B113**

Amount of Each Receipt this Period

192.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

404.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 OF 251  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Paul T Pankewicz**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Dir Bus Applications Solut

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

07 / 10 / 2015

Transaction ID : EC4D6259C9A04F3CB2C3

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Paul T Pankewicz**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Dir Bus Applications Solut

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

07 / 24 / 2015

Transaction ID : D2EE979AE9FB4C1C9A1B

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. Randolph Wayne Pate**

Mailing Address 1001 Pennsylvania Ave NW  
FI 7

City State Zip Code  
Washington DC 20004-2507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

07 / 10 / 2015

Transaction ID : AA728C8E578146AFBCAD

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

155.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 OF 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Randolph Wayne Pate**

Mailing Address 1001 Pennsylvania Ave NW  
FI 7

City State Zip Code  
Washington DC 20004-2507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
VP Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2015

**Transaction ID : 7416EE3594B24632B4E3**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

## **B. Laura H. Peck**

Mailing Address 1001 Pennsylvania Ave NW  
FI 7

City State Zip Code  
Washington DC 20004-2507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Legislative Rep & PAC Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 10 / 2015

**Transaction ID : 41C86EE113D74009A176**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

## **c. Laura H. Peck**

Mailing Address 1001 Pennsylvania Ave NW  
FI 7

City State Zip Code  
Washington DC 20004-2507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Legislative Rep & PAC Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2015

**Transaction ID : E5289E516AFC4CFE8957**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

165.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 172 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Janet M. Pennington**

Mailing Address 1001 E Lookout Dr  
Bldg A

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

National Group & Exchange Cons

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : C163A7C25E9847F99220**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Janet M. Pennington**

Mailing Address 1001 E Lookout Dr  
Bldg A

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

National Group & Exchange Cons

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 5814BE1EE7D54740ACC1**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Marlin Perryman**

Mailing Address 300 E. Randolph

City State Zip Code  
Chicago IL 60601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCSC

Occupation

Board of Directors

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 13F1F838F38443E9B783**

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1290.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 OF 251  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard A. Petermeyer**

Mailing Address 3405 Liberty Dr

City

Springfield

State

IL

Zip Code

62704-6521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Mid Mkt Sales/Acct Mgt

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 61E7C1AC7E2A40DDB184**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Richard A. Petermeyer**

Mailing Address 3405 Liberty Dr

City

Springfield

State

IL

Zip Code

62704-6521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Mid Mkt Sales/Acct Mgt

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : A66E7BCB105140B4A652**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. John Thomas Petherick**

Mailing Address 3817 NW Expressway

City

Oklahoma City

State

OK

Zip Code

73112-1489

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Govt Rel Health Policy

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : CEE95CB6334244AA96C**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

110.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 174 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John Thomas Petherick**

Mailing Address 3817 NW Expressway

City	State	Zip Code
Oklahoma City	OK	73112-1489

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Govt Rel Health Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 64B793D720EE400D9372**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Jerri Picha**Mailing Address 1000 E Warrenville Rd  
Ste 400

City	State	Zip Code
Naperville	IL	60563-2046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Mgr Facilities

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 9955A5AB2D924F03866F**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Jerri Picha**Mailing Address 1000 E Warrenville Rd  
Ste 400

City	State	Zip Code
Naperville	IL	60563-2046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Mgr Facilities

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 45AF8B93E60147DB80AC**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

90.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 175 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Monica Lisa Pinon**

Mailing Address 1001 E Lookout Dr  
Bldg A

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2015

**Transaction ID : 77A800EDDDFA4D16AC1C**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. Monica Lisa Pinon**

Mailing Address 1001 E Lookout Dr  
Bldg A

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2015

**Transaction ID : 9A2D0EB249484BF29DE1**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **C. Dana Allison Popish**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Dir IL Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2015

**Transaction ID : 69FF05C510FC4951B025**

Amount of Each Receipt this Period

39.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

79.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 176 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dana Allison Popish**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir IL Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : A95FD40F90934F85B71C**

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

**B. Angela L. Powell**

Mailing Address 3817 NW Expressway

City

Oklahoma City

State

OK

Zip Code

73112-1489

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Maj/Nat Strategic Acct Exec II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 94ED3507CB694DDAB8B8**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**c. Angela L. Powell**

Mailing Address 3817 NW Expressway

City

Oklahoma City

State

OK

Zip Code

73112-1489

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Maj/Nat Strategic Acct Exec II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 366EE644C0024351967C**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

99.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 177 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tonya J. Powell**

Mailing Address 7777 E 42nd Pl

City

Tulsa

State

OK

Zip Code

74145-4716

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Subscriber Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

**Transaction ID : 5AD55C76DFA345B5B319**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Tonya J. Powell**

Mailing Address 7777 E 42nd Pl

City

Tulsa

State

OK

Zip Code

74145-4716

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Subscriber Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

**Transaction ID : 256A134B0B2345919D6F**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Catherine M. Pozega**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City

Albuquerque

State

NM

Zip Code

87113-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Major/Natl Sales Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

**Transaction ID : 8723BAC437B8479DBCCD**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 OF 251  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Catherine M. Pozega**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City State Zip Code  
Albuquerque NM 87113-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Major/Natl Sales Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 63B520DB11B64F73943B**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Walter A. Price**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Systems Software Prog Consult

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 822826C9D41E4FE883F3**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Walter A. Price**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Systems Software Prog Consult

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 0BCB32F27DB0455E8EC3**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 179 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Chris Privoznik**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Exec Dir Office of the CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 9A12DABE60284E13AC7B**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Chris Privoznik**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Exec Dir Office of the CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : F8C17263402748EFBEA9**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**c. Nancy C. Pruitt**Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

DSVP General Counsel Southwest

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : A6104CC4AC97431285A4**

Amount of Each Receipt this Period

115.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

185.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 180 OF 251  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Nancy C. Pruitt**Mailing Address 1001 E Lookout Dr  
Bldg B

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

DSVP General Counsel Southwest

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 3EACBA7DE1C94B64BAC**

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

**B. James S. Pusateri**

Mailing Address 300 E Randolph St

City	State	Zip Code
Chicago	IL	60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Key Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 63C54B38EE194503B827**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**C. James S. Pusateri**

Mailing Address 300 E Randolph St

City	State	Zip Code
Chicago	IL	60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Key Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : A23B21867A824EF68A46**

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

205.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 181 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Juliann Margaret Qualiato**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Cash Management & Control

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 80A8B57D8F9F40469E94**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Juliann Margaret Qualiato**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Cash Management & Control

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 916200F045EB490A8004**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Karen Quirk**

Mailing Address 1556 Kittyhawk Ln

City

Glenview

State

IL

Zip Code

60026-7755

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Litigation Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : F5D20623A0EC42169C3A**

Amount of Each Receipt this Period

115.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

155.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 182 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gnana R. Rao Kathi**Mailing Address 1001 E Lookout Dr  
Bldg A

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Investment Analysis

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 67389881836C4684AE66**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Gnana R. Rao Kathi**Mailing Address 1001 E Lookout Dr  
Bldg A

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Investment Analysis

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 964667DA92DA4769B059**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Bernadette A. Rasmussen**

Mailing Address 300 E Randolph St

City	State	Zip Code
Chicago	IL	60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

DSVP Info Mgt &amp; Chief Tech Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 24341C1F6A5D4DB38C97**

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

105.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 183 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bernadette A. Rasmussen**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

DSVP Info Mgt & Chief Tech Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 818B12D7596C4E6E9707**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**B. Nazneen Razi**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

SVP-Chief HR Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 1B8C44700108458489A2**

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**C. Nazneen Razi**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

SVP-Chief HR Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : FFA26C07E1D142398997**

Amount of Each Receipt this Period

192.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

444.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 184 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David Redman**

Mailing Address 300 E Randolph St

City	State	Zip Code
Chicago	IL	60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2015

**Transaction ID : 4528732FA07844169335**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. David Redman**

Mailing Address 300 E Randolph St

City	State	Zip Code
Chicago	IL	60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2015

**Transaction ID : 926134B7A63B47CB8DC5**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Patricia L. Rees**

Mailing Address 3817 NW Expressway

City	State	Zip Code
Oklahoma City	OK	73112-1489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Sr Mgr Small Grp Acct/Call Ctr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2015

**Transaction ID : BF944CE7C5A2489BBD94**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 185 OF 251  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Patricia L. Rees**

Mailing Address 3817 NW Expressway

City	State	Zip Code
Oklahoma City	OK	73112-1489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Sr Mgr Small Grp Acct/Call Ctr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 97524BA927114CB18DE0**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Bonnie B. Reinke**Mailing Address 1001 E Lookout Dr  
Bldg B

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Asst General Counsel III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : FCE6C2709E544E90BF7F**

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. Bonnie B. Reinke**Mailing Address 1001 E Lookout Dr  
Bldg B

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Asst General Counsel III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : B97006D440154E7AAC5B**

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

50.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 186 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Colleen Foley Reitan**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

EVP &amp; Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

Transaction ID : E63FF6308FC24005834E

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**B. Colleen Foley Reitan**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

EVP &amp; Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

Transaction ID : BE63232715AB40CEBA5C

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**C. Edward T. Renteria**Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr SW Reg Privacy&amp;Legislat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

Transaction ID : 3408D5A85DB04C4BA5CA

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

404.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 187 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Edward T. Renteria**Mailing Address 1001 E Lookout Dr  
Bldg B

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr SW Reg Privacy&amp;Legislat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : BB9EBB7023A7469474A**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Julie P. Rethmeyer**

Mailing Address 1400 S Boston Ave

City	State	Zip Code
Tulsa	OK	74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 7AAAB5653E0A432C9A5A**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**c. Julie P. Rethmeyer**

Mailing Address 1400 S Boston Ave

City	State	Zip Code
Tulsa	OK	74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : A8DB9FA2902B4D2F8588**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

80.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 OF 251  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Beatriz G. Reyes**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Sr Dir Enterprise Bus Process

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 57C795D09B6A4A97911B**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Beatriz G. Reyes**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Sr Dir Enterprise Bus Process

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : A9F3759F15984066834A**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. Michelle M. Riddell**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
VP Strategy Comm & Commnty Inv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 5EB7A48ED5E3429FB723**

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

155.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 189 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michelle M. Riddell**Mailing Address 1001 E Lookout Dr  
Bldg B

City Richardson State TX Zip Code 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
VP Strategy Comm & Commnty Inv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 2BDC44083FC6445D9BAE**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**B. Carol J. Riley**Mailing Address 1001 E Lookout Dr  
Bldg B

City Richardson State TX Zip Code 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Sr Dir National Accts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 43FA6785DF7D47E788D5**

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**C. Carol J. Riley**Mailing Address 1001 E Lookout Dr  
Bldg B

City Richardson State TX Zip Code 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Sr Dir National Accts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 6CAA3E538AB7422BB7C4**

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

225.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 190 OF 251  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cathy Roach**

Mailing Address 4242 Sunset Dr

City

San Angelo

State

TX

Zip Code

76904-5652

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Subscriber Services

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

**Transaction ID : FC4D28AF17F8402B8C63**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Cathy Roach**

Mailing Address 4242 Sunset Dr

City

San Angelo

State

TX

Zip Code

76904-5652

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Subscriber Services

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

**Transaction ID : 47A78F826BD642EDA72C**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Derek Robinson**

Mailing Address 133 E 18th St

City

Chicago

State

IL

Zip Code

60616-1271

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Quality &amp; Accreditation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

**Transaction ID : 8692C3F705844D6B9601**

Amount of Each Receipt this Period

115.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

155.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 OF 251  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jimmy D Rodgers**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
SVP & Chief Marketing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 223A89955E784DBDA11E**

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**B. Jimmy D Rodgers**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
SVP & Chief Marketing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : A000E3E667314BEF9D76**

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**C. Sue Anne Rohan**

Mailing Address 1001 Pennsylvania Ave NW  
FI 7

City State Zip Code  
Washington DC 20004-2507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
VP Health Policy Govt Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 2B48DB450516470E96EB**

Amount of Each Receipt this Period

115.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

499.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 192 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sue Anne Rohan**

Mailing Address 1001 Pennsylvania Ave NW  
 FI 7

City State Zip Code  
 Washington DC 20004-2507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Health Policy Govt Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2015

**Transaction ID : 13A9F7C066254DC08C7B**

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

**B. Kelly J. Rooney**

Mailing Address 1800 West Loop S

City State Zip Code  
 Houston TX 77027-3272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Provider Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 10 / 2015

**Transaction ID : E3A238A0129640169BD4**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Kelly J. Rooney**

Mailing Address 1800 West Loop S

City State Zip Code  
 Houston TX 77027-3272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Provider Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2015

**Transaction ID : 14630E8DDE3C44FBB3AD**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 193 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Paula R. Root**

Mailing Address 3817 NW Expressway

City	State	Zip Code
Oklahoma City	OK	73112-1489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Medical Director II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 1B2BC739D7BB4D10B4A9**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Paula R. Root**

Mailing Address 3817 NW Expressway

City	State	Zip Code
Oklahoma City	OK	73112-1489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Medical Director II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 97446351055A4F7E8DAE**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Lois J. Rudy**Mailing Address 1001 E Lookout Dr  
Bldg B

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Unit Mgr Marketing Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : AA9CD20AFA9F40688CE2**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

70.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 194 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lois J. Rudy**Mailing Address 1001 E Lookout Dr  
Bldg BCity State Zip Code  
Richardson TX 75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Unit Mgr Marketing Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2015**Transaction ID : 14FD4D4FD90F478994D0**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Janet K. Rutherford**Mailing Address 1001 E Lookout Dr  
Bldg BCity State Zip Code  
Richardson TX 75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Ld Outcomes Reporting Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 10 / 2015**Transaction ID : 7F5E72AC97B145D180FE**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. Janet K. Rutherford**Mailing Address 1001 E Lookout Dr  
Bldg BCity State Zip Code  
Richardson TX 75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Ld Outcomes Reporting Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2015**Transaction ID : 124ED402CC514AFA928**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

70.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 OF 251  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Charles R. Rygiel**

Mailing Address 1400 S Boston Ave

City State Zip Code  
Tulsa OK 74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Sr Dir Bus Applications Solut

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 10 / 2015

**Transaction ID : 68995459DC004952B3D3**

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**B. Charles R. Rygiel**

Mailing Address 1400 S Boston Ave

City State Zip Code  
Tulsa OK 74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Sr Dir Bus Applications Solut

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2015

**Transaction ID : B97F36428B7248709771**

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**C. Jason G. Rzeszutko**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Bus Applications Solutions DVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 10 / 2015

**Transaction ID : 5C58BB477EDD4F2B9F6F**

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

185.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 196 OF 251  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jason G. Rzeszutko**Mailing Address 1001 E Lookout Dr  
Bldg BCity State Zip Code  
Richardson TX 75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Bus Applications Solutions DVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2015**Transaction ID : A4B71DB4FE23470595A0**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B. Melissa A. Sanden**Mailing Address 1001 E Lookout Dr  
Bldg BCity State Zip Code  
Richardson TX 75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Dir Mid Market Account Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 10 / 2015**Transaction ID : D4D7ACCDF9C24A8F85E4**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Melissa A. Sanden**Mailing Address 1001 E Lookout Dr  
Bldg BCity State Zip Code  
Richardson TX 75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Dir Mid Market Account Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2015**Transaction ID : 35F47EFA5B364DDDB887**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

105.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 OF 251  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David Blair Sandor**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Public Affairs&Corp Commun

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 7A0410114B134B97900D**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B. David Blair Sandor**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Public Affairs&Corp Commun

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 9E1EB39A4E2A43BBA179**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C. Michael S. Saraco**

Mailing Address 404 Fuller Ave

City

Helena

State

MT

Zip Code

59601-5092

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Systems Software Prog Spec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 829ABB8236524653B1A9**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

125.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 198 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael S. Saraco**

Mailing Address 404 Fuller Ave

City  
Helena

State  
MT

Zip Code  
59601-5092

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Systems Software Prog Spec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 47058F1148A44AE68FC6**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Harold Scott Sarran**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

DSVP HCM Gov't Programs & CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : FF1C55B8196F4F338150**

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

**C. Harold Scott Sarran**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

DSVP HCM Gov't Programs & CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 2BF7DC37379A4FCC9705**

Amount of Each Receipt this Period

115.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 199 OF 251  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Patricia A. Savitsky**

Mailing Address 25 Lakeview Dr

City

Jessup

State

PA

Zip Code

18434-1159

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

SVP &amp; Chief Compliance Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 1C35922AE67846AEA243**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Patricia A. Savitsky**

Mailing Address 25 Lakeview Dr

City

Jessup

State

PA

Zip Code

18434-1159

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

SVP &amp; Chief Compliance Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 915FEE15F6114348BDF4**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Paul J. Scaglione**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Enterprise Proj Mgmt Office

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 59169EBFA9644D95B623**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

220.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 200 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Paul J. Scaglione**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Enterprise Proj Mgmt Office

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		2	4		2	0	1	5		

**Transaction ID : 0D6B876E9D0F4749B2D9**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Diane Schirf**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Ld Marketing Comm Consultant

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		1	0		2	0	1	5		

**Transaction ID : 1B7A96AF094D4161821A**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Diane Schirf**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Ld Marketing Comm Consultant

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		2	4		2	0	1	5		

**Transaction ID : 38C85D53A0034B1AA47D**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 201 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lynn Marie Schmidt**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Exec Dir HR Strategic Bus Part

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 6696F7B37B334579BE01**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Lynn Marie Schmidt**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Exec Dir HR Strategic Bus Part

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 7C9925DB88BE425E9729**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Joelle Anne Schmitz**Mailing Address 1001 Pennsylvania Ave NW  
FI 7

City

Washington

State

DC

Zip Code

20004-2507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Health Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 0FA203037A184853B1C3**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

90.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 202 OF 251  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Joelle Anne Schmitz**Mailing Address 1001 Pennsylvania Ave NW  
FI 7

City	State	Zip Code
Washington	DC	20004-2507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Dir Health Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

Transaction ID : BA0DFAA9BFCA43378419

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Jennifer M. Schneider**

Mailing Address 300 E Randolph St

City	State	Zip Code
Chicago	IL	60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Process Consultant III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

Transaction ID : 99CB4C07177F49CB942A

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Jennifer M. Schneider**

Mailing Address 300 E Randolph St

City	State	Zip Code
Chicago	IL	60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Process Consultant III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

Transaction ID : BE969CE75E8E4CEEAF51

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

70.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 203 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Leonard Servedio**

Mailing Address 701 E 22nd St

City

Lombard

State

IL

Zip Code

60148-5095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Information Systems DVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 16EB171970B140C19991**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Leonard Servedio**

Mailing Address 701 E 22nd St

City

Lombard

State

IL

Zip Code

60148-5095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Information Systems DVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : DC427423C518423A9F49**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. Randy C. Shaffer**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City

Albuquerque

State

NM

Zip Code

87113-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sales DVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 36BAFFB03BE94EDE83F7**

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 204 OF 251  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Randy C. Shaffer**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City	State	Zip Code
Albuquerque	NM	87113-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Sales DVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2015

**Transaction ID : 4468FE9052C042FA8735**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**B. Kurt B. Shipley**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City	State	Zip Code
Albuquerque	NM	87113-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
President NM Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2015

**Transaction ID : 1B03DB50A940446085DB**

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**c. Kurt B. Shipley**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City	State	Zip Code
Albuquerque	NM	87113-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
President NM Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2015

**Transaction ID : F8F26F45871443918772**

Amount of Each Receipt this Period

192.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

469.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 205 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kenneth D. Shuler**

Mailing Address 4002 Loop 322

City

Abilene

State

TX

Zip Code

79602-7330

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Dir-SSD

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : A92FA85CB3F54BAF8BBE**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Kenneth D. Shuler**

Mailing Address 4002 Loop 322

City

Abilene

State

TX

Zip Code

79602-7330

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Dir-SSD

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 988B379BDEEF47E698A9**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Christine Brown Siddle**

Mailing Address 1001 E Lookout Dr  
Bldg A

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Corporate Payroll Services

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

525.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 5ABE6FF5B91B4FD38E1B**

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 206 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Christine Brown Siddle**Mailing Address 1001 E Lookout Dr  
Bldg A

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Corporate Payroll Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 8A10EC5CED49479A90C5**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Joseph L. Smith**Mailing Address 1001 E Lookout Dr  
Bldg B

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 0A7B5D2D52D2472EA0D8**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. Joseph L. Smith**Mailing Address 1001 E Lookout Dr  
Bldg B

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : EE27596B270141ADB0B4**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

75.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 207 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Maurice Smith**

Mailing Address 300 E Randolph St

City State Zip Code  
 Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Blue Cross and Blue Shield of Illinois

Occupation  
 President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.10

Date of Receipt

07 / 10 / 2015

**Transaction ID : 76E5FC87B88E4514924D**

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

## **B. Maurice Smith**

Mailing Address 300 E Randolph St

City State Zip Code  
 Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Blue Cross and Blue Shield of Illinois

Occupation  
 President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.10

Date of Receipt

07 / 24 / 2015

**Transaction ID : 3D179B0177614665AC93**

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

## **C. Brian Snell**

Mailing Address 300 E Randolph St

City State Zip Code  
 Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care Service Corporation

Occupation  
 Sr. Dir National Accounts Sale

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : DF0E445405B9492C9008**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

404.62

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 208 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Brian Snell**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr. Dir National Accounts Sale

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

**Transaction ID : 00190EE438044605B01E**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Kayla Loretta Snowden**Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Dir Enterpr Creden /Tx Prov

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

**Transaction ID : 2F62518433554C4E8326**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Kayla Loretta Snowden**Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Dir Enterpr Creden /Tx Prov

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

**Transaction ID : 378E935925C84D9F9308**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

80.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 209 OF 251  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cynthia M. Soza**Mailing Address 17806 W Interstate 10  
Bldg 2

City	State	Zip Code
San Antonio	TX	78257-8221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Mid Market Account Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : FDDD7AB694874645977D**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Cynthia M. Soza**Mailing Address 17806 W Interstate 10  
Bldg 2

City	State	Zip Code
San Antonio	TX	78257-8221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Mid Market Account Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : D4E741FBE36B400A87FD**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. Deborah L. Spake-Goodnight**Mailing Address 1001 E Lookout Dr  
Bldg B

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Project Management Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 2E674A26FF394D0FA369**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

90.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 210 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Deborah L. Spake-Goodnight**Mailing Address 1001 E Lookout Dr  
Bldg B

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Project Management Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		2	4		2	0	1	5		

**Transaction ID : D9BCBB4B4BB64B5DBA5**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. James Spencer**

Mailing Address 2 Antelope Ct

City	State	Zip Code
Clancy	MT	59634-9220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		1	0		2	0	1	5		

**Transaction ID : 1076E37C7ADC4772ADAA**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**C. James Spencer**

Mailing Address 2 Antelope Ct

City	State	Zip Code
Clancy	MT	59634-9220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		2	4		2	0	1	5		

**Transaction ID : DE288FF98B6A4F0D9A30**

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

190.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 211 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Randy L. Starns**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Student Health Marketing DVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 280AB7CF66DC4565A418**

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**B. Randy L. Starns**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Student Health Marketing DVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 09C69AA1417342218199**

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**C. Barbara S. Stefan**

Mailing Address 300 E Randolph St  
Apt 2

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Asst General Counsel III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : F592F3BE9843429599EE**

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

210.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 212 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Barbara S. Stefan**Mailing Address 300 E Randolph St  
Apt 2

City	State	Zip Code
Chicago	IL	60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Asst General Counsel III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 0C832117C0554DB79516**

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**B. Paula A. Steiner**

Mailing Address 300 E Randolph St

City	State	Zip Code
Chicago	IL	60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

EVP Mkt Retail &amp; Chief Str Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 240DCCC72508451492B1**

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**C. Paula A. Steiner**

Mailing Address 300 E Randolph St

City	State	Zip Code
Chicago	IL	60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

EVP Mkt Retail &amp; Chief Str Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : BE282A37E71C416A8274**

Amount of Each Receipt this Period

192.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

454.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 213 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Thomas A. Stewart**

Mailing Address 1800 West Loop S

City

Houston

State

TX

Zip Code

77027-3272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Mid Market Sales

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 8A025BF6376449C9B726**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Thomas A. Stewart**

Mailing Address 1800 West Loop S

City

Houston

State

TX

Zip Code

77027-3272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Mid Market Sales

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 2FA7EE963D5B4669A8C1**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**C. Brenda A. Stoddard**Mailing Address 1001 E Lookout Dr  
Bldg A

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Sol Del &amp; Cust Mgmt

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : A44E3E7DE9A94DCABE06**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

125.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 214 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Brenda A. Stoddard**

Mailing Address 1001 E Lookout Dr  
Bldg A

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Sol Del & Cust Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 23BC5BD025DF43C48F0A**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Aisha Shani Stone-Corr**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Condition Management Coord III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 46BA9CC633A24E85A52C**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Aisha Shani Stone-Corr**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Condition Management Coord III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : B2DE099F839D47A78EB3**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 215 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Charles Campbell Stuart**

Mailing Address 206 W 13th St

City  
Austin

State  
TX

Zip Code  
78701-1821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Texas Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1280.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 24CDABD23D1E4302A3A8**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**B. Charles Campbell Stuart**

Mailing Address 206 W 13th St

City  
Austin

State  
TX

Zip Code  
78701-1821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Texas Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1280.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 6D01A28E132244F3BAFF**

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

**C. Dena Stukenberg**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Proposals & Enrollment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 83F165D3739548A0BCCA**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

195.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 216 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dena Stukenberg**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Proposals & Enrollment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : B97ADCFC93404A85B78D**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. J. Michael Sullivan**

Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Strategic Marketing Ops TX DVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : ABBE915A61924012AC45**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**C. J. Michael Sullivan**

Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Strategic Marketing Ops TX DVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 2512B039523E4035A0C1**

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

190.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 217 OF 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stephanie A. Summerall**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Dir Provider Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : F707FC7FA5CB4EFB2AE**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Stephanie A. Summerall**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Dir Provider Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : DD5DE4A1505B4371B98B**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Thomas J. Surin**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Exec Dir Budgets & Cost Acct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 2E20433BFEC41BB86FE**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 OF 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Thomas J. Surin**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Exec Dir Budgets & Cost Acct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2015

**Transaction ID : EEAFF2E18A35402C82E1**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Gael G. Syoen**

Mailing Address 3625 Amhurst Pkwy

City State Zip Code  
Waukegan IL 60085-8341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Sr Dir Engineering/Construct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2015

**Transaction ID : 9D12345B832E4EAD9BCF**

Amount of Each Receipt this Period

38.50

Full Name (Last, First, Middle Initial)

**C. Gael G. Syoen**

Mailing Address 3625 Amhurst Pkwy

City State Zip Code  
Waukegan IL 60085-8341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Sr Dir Engineering/Construct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2015

**Transaction ID : 737E1CE9AD834F3DAC35**

Amount of Each Receipt this Period

38.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

117.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 219 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Matt J. Tevenan**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Exec Dir Facilities & Const

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : F97966FDD70A4E66A0F2**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Matt J. Tevenan**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Exec Dir Facilities & Const

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 8A039263DF82453C8622**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. Stephen P. Thompson**

Mailing Address 1001 E Lookout Dr  
Bldg A

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP SDO Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 38AC56C40F464F86B253**

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

105.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 220 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stephen P. Thompson**Mailing Address 1001 E Lookout Dr  
Bldg ACity State Zip Code  
Richardson TX 75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP SDO Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2015**Transaction ID : 90C8050066104D1DAF97**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. John T. Tighe**Mailing Address 455 S Gulph Rd  
Ste 307City State Zip Code  
King Of Prussia PA 19406-3114FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

President &amp; CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 10 / 2015**Transaction ID : 6B248B9BFE204A45B205**

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**C. John T. Tighe**Mailing Address 455 S Gulph Rd  
Ste 307City State Zip Code  
King Of Prussia PA 19406-3114FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

President &amp; CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2015**Transaction ID : 10554A17853F4F839906**

Amount of Each Receipt this Period

192.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

419.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 221 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeffrey R. Tikkanen**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

President Retail Markets

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		1	0		2	0	1	5		

**Transaction ID : C3D2B22BD40A4CA1B40E**

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey R. Tikkanen**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

President Retail Markets

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		2	4		2	0	1	5		

**Transaction ID : AC6258B716034EB7B8D2**

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**c. Christopher S. Toomey**Mailing Address 1000 E Warrenville Rd  
Ste 400

City

Naperville

State

IL

Zip Code

60563-2046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Mgr Application

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		1	0		2	0	1	5		

**Transaction ID : 4DAB37CE95C44F85825B**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

404.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 222 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Christopher S. Toomey**

Mailing Address 1000 E Warrenville Rd  
Ste 400

City State Zip Code  
Naperville IL 60563-2046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Mgr Application

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
07 / 24 / 2015

**Transaction ID : E937A508FB164917A0F7**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Jose Torres**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
07 / 10 / 2015

**Transaction ID : 390707EE580E4E0B9257**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Jose Torres**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
07 / 24 / 2015

**Transaction ID : A8DC037069FF414CA2D7**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 OF 251  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Janice M. Torrez**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City State Zip Code  
 Albuquerque NM 87113-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care Service Corporation

Occupation  
 DVP NM Ext Aff & COS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : AA852DA721D94CFC83B**

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**B. Janice M. Torrez**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City State Zip Code  
 Albuquerque NM 87113-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care Service Corporation

Occupation  
 DVP NM Ext Aff & COS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : ADF607F0E93C49C9AB51**

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**C. Jack Towsley**

Mailing Address 1001 E Lookout Dr  
 Bldg B

City State Zip Code  
 Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care Service Corporation

Occupation  
 DSVP TX Health Care Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 72F7116AE6C9406D824D**

Amount of Each Receipt this Period

115.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

255.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 OF 251  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jack Towsley**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
DSVP TX Health Care Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2015

**Transaction ID : 73E1BA3916D94B16A03F**

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

**B. Darryl Eugene Trammell**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Sr Mgr Credit Union

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2015

**Transaction ID : 6DBCBBDF521D4BF78BED**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Darryl Eugene Trammell**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Sr Mgr Credit Union

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2015

**Transaction ID : A264184AD76546DEAD07**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

155.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 OF 251  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Alfred N. Trotter**

Mailing Address 1001 E Lookout Dr  
Bldg A

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Dir Tax Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2015

**Transaction ID : CB1BD3E6D7EB443396B3**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Alfred N. Trotter**

Mailing Address 1001 E Lookout Dr  
Bldg A

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Dir Tax Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2015

**Transaction ID : A9F3DA21F9CA4C11A176**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Brian Troutman**

Mailing Address 300 E Randolph St  
2308

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Associate Legal Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2015

**Transaction ID : E83F654B38B3444FB6B0**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 226 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Brian Troutman**Mailing Address 300 E Randolph St  
2308City State Zip Code  
Chicago IL 60601-5014FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Associate Legal Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2015**Transaction ID : 447CE6AE7ED147929305**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Brent B. Tucker**Mailing Address 1001 E Lookout Dr  
Bldg BCity State Zip Code  
Richardson TX 75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Asst General Counsel II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2015**Transaction ID : CAA801BB7F4448799C92**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. Brent B. Tucker**Mailing Address 1001 E Lookout Dr  
Bldg BCity State Zip Code  
Richardson TX 75082-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service CorporationOccupation  
Asst General Counsel II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2015**Transaction ID : C4EB3E1F076F46D1848B**

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

90.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 227 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Manika M. Turnbull**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Chief of Staff Illinois Div

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2015

**Transaction ID : A8C8BB7F57CC48FF80DE**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Manika M. Turnbull**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Chief of Staff Illinois Div

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2015

**Transaction ID : 48BC88797D0442D386F6**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Deborah L. Turner**Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Actuarial-Fin Tech Solutio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2015

**Transaction ID : 03081F9E7B0E4188BAA9**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

90.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 228 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Deborah L. Turner**Mailing Address 1001 E Lookout Dr  
Bldg B

City	State	Zip Code
Richardson	TX	75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Actuarial-Fin Tech Solutio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : EC653D7D64A3429088D9**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Vickie L. Tyas**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City	State	Zip Code
Albuquerque	NM	87113-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Government Pools

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 0A377B55228B4C5981AF**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Vickie L. Tyas**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City	State	Zip Code
Albuquerque	NM	87113-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Government Pools

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : 2822A6DE86AB41489121**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

90.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 229 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tami Van Sickle**

Mailing Address 1400 S Boston Ave

City

Tulsa

State

OK

Zip Code

74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

On Site Quality Audit Spec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 9238A3EEEB6346E189C7**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Tami Van Sickle**

Mailing Address 1400 S Boston Ave

City

Tulsa

State

OK

Zip Code

74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

On Site Quality Audit Spec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : E650F3D27DA842C0926B**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Michael P. Vaughn**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Database Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : CA7D2EBEF5B341E6AF57**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

70.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 230 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael P. Vaughn**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Database Consultant

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 950610651D5448A5BF16**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Daryl James Veach**

Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

DSVP Provider Risk Solutions

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 0DB200427066411F866D**

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

**C. Daryl James Veach**

Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

DSVP Provider Risk Solutions

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : EF6AAEEF0235421BB571**

Amount of Each Receipt this Period

115.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

260.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 231 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert R. Velick**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Dir Actuarial-Financial Tec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

MM / DD / YYYY  
07 / 10 / 2015

**Transaction ID : 42066E457E674BE38BB3**

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**B. Robert R. Velick**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Dir Actuarial-Financial Tec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

MM / DD / YYYY  
07 / 24 / 2015

**Transaction ID : 56E7B3F29AD24C07A1F8**

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**C. Michelle Vessel**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
07 / 10 / 2015

**Transaction ID : 74E6C7AD52C443A9ADB0**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

160.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 232 OF 251  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michelle Vessel**

Mailing Address 300 E Randolph St

City  
Chicago

State  
IL

Zip Code  
60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 1323CBCA1FAE45F8BBA9**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Mark H. Victry**

Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Proposal Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 8D6C77EFD90044478B17**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Mark H. Victry**

Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Proposal Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : E22CF4B3A59345D4BE46**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 233 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tamorah S. Vincent**

Mailing Address 1800 West Loop S

City

Houston

State

TX

Zip Code

77027-3272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Mgr Facility Provider Network

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 2747C3ACF0F849B1976C**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Tamorah S. Vincent**

Mailing Address 1800 West Loop S

City

Houston

State

TX

Zip Code

77027-3272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Mgr Facility Provider Network

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 01A4A76B6C6E4E7EB7D8**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Ariana Voigt**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Asst General Counsel III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 0694D071DEEA4B7F996F**

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

75.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 234 OF 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ariana Voigt**

Mailing Address 300 E Randolph St

City State Zip Code  
 Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care Service Corporation

Occupation  
 Asst General Counsel III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

MM / DD / YYYY  
 07 / 24 / 2015

**Transaction ID : 37D9E09E390648C49BD8**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Mary Vollkommer**

Mailing Address 300 E Randolph St

City State Zip Code  
 Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care Service Corporation

Occupation  
 DVP Financial Settlements&Sys

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1530.00

Date of Receipt

MM / DD / YYYY  
 07 / 10 / 2015

**Transaction ID : 7686637CB501414EBE0E**

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

**C. Mary Vollkommer**

Mailing Address 300 E Randolph St

City State Zip Code  
 Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Health Care Service Corporation

Occupation  
 DVP Financial Settlements&Sys

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1530.00

Date of Receipt

MM / DD / YYYY  
 07 / 24 / 2015

**Transaction ID : C6F78AB1322140D4A1E9**

Amount of Each Receipt this Period

115.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

265.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 235 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Alicia R. Walker**

Mailing Address 1400 S Boston Ave

City

Tulsa

State

OK

Zip Code

74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Mgr Market Segment Support

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 6DB63C2F556149658F46**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Alicia R. Walker**

Mailing Address 1400 S Boston Ave

City

Tulsa

State

OK

Zip Code

74119-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Mgr Market Segment Support

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : B2212360DB8649608EB8**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. James Edward Walsh**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Chief Actg Off&TransactionDSVP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : E2BF638E10F945D48C04**

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

100.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 236 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James Edward Walsh**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Chief Actg Off&TransactionDSVP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : E8D4A231EEEB4E30B401**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**B. Donna S. Ward**

Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir-Quality Improv Prog

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 161A309013B841A2A194**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Donna S. Ward**

Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir-Quality Improv Prog

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 6691911D9A944F3FB521**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

100.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 OF 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Christopher G. Warneke**

Mailing Address 300 E Randolph St

City State Zip Code  
 Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Health Care Service Corporation Systems Software Prog Consult

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : D110B4EA693A4372BC68**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Christopher G. Warneke**

Mailing Address 300 E Randolph St

City State Zip Code  
 Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Health Care Service Corporation Systems Software Prog Consult

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 34228342C79A44408D74**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Lisa Wassom**

Mailing Address 3112 Maple Dr

City State Zip Code  
 Sand Springs OK 74063-2913

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Health Care Service Corporation Sr Mgr Subscriber Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 139D8C1B88E7459CA2DB**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 238 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lisa Wassom**

Mailing Address 3112 Maple Dr

City

Sand Springs

State

OK

Zip Code

74063-2913

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Subscriber Services

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

**Transaction ID : 3768E50A171E40BB9535**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Daniel Eugene Weathersby**

Mailing Address 1020 31st St

City

Downers Grove

State

IL

Zip Code

60515-5501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Project Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

**Transaction ID : 48E3936FBED043BC93A5**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Daniel Eugene Weathersby**

Mailing Address 1020 31st St

City

Downers Grove

State

IL

Zip Code

60515-5501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Project Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

**Transaction ID : 30ED37A2AF374E4ABC84**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

90.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 239 OF 251  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robin R. Webb**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Sales Operations DVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 898638DE0F9042A7A521**

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**B. Robin R. Webb**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Sales Operations DVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : EEE7C59F9C09450F97A4**

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**C. Daniel P. Webster**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Dir Perf Based Provider Reimb

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 8AC90471908A41909B8F**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

160.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 240 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Daniel P. Webster**

Mailing Address 300 E Randolph St

City

Chicago

State

IL

Zip Code

60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Perf Based Provider Reimb

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

**Transaction ID : FA16C4C18D7649F097A1**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Nancy Lynn Weeks**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City

Albuquerque

State

NM

Zip Code

87113-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Maj/Natnl Sales&amp; Acct Mngt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

**Transaction ID : B19CB568F0B948328AD3**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Nancy Lynn Weeks**

Mailing Address 5701 Balloon Fiesta Pkwy NE

City

Albuquerque

State

NM

Zip Code

87113-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Maj/Natnl Sales&amp; Acct Mngt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

**Transaction ID : 4DFCE2270BAE4B4AA569**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

80.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 241 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Alex White**

Mailing Address 118 Mesa Park Dr

City

El Paso

State

TX

Zip Code

79912-6120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Provider Network Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : C88ECDB598324000B46A**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Alex White**

Mailing Address 118 Mesa Park Dr

City

El Paso

State

TX

Zip Code

79912-6120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Provider Network Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 3C2B53762AE743F0917E**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Joseph Dean Wieser**

Mailing Address 5990 Greenwood Plaza Blvd  
Ste 325

City

Greenwood Village

State

CO

Zip Code

80111-4736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

President & CEO - PFC/CBL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 7F408F7C1A334C979E8A**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

80.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 242 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Joseph Dean Wieser**

Mailing Address 5990 Greenwood Plaza Blvd  
Ste 325

City State Zip Code  
Greenwood Village CO 80111-4736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

President & CEO - PFC/CBL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 21DE052FC15B4620BEA7**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Laurence C. Williams**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Pricing Actuary -TX

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1305.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : 086771CDD4B44107880C**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**C. Laurence C. Williams**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Pricing Actuary -TX

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1305.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 9EB114FC1D7040D9A929**

Amount of Each Receipt this Period

115.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

240.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 243 OF 251  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Terry L. Williams**

Mailing Address PO Box 23151

City

Waco

State

TX

Zip Code

76702-3151

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Subscriber Services

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

**Transaction ID : BB1930B172544F31AB76**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Terry L. Williams**

Mailing Address PO Box 23151

City

Waco

State

TX

Zip Code

76702-3151

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Sr Mgr Subscriber Services

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

**Transaction ID : A6C81B3B96F9447EB672**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Jane R. Wilson**Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Network Performance Mgmt

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

**Transaction ID : 4094B846D55B4D04BA55**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 244 OF 251

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jane R. Wilson**

Mailing Address 1001 E Lookout Dr  
Bldg B

City State Zip Code  
Richardson TX 75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Dir Network Performance Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : EBD4DF517C42436A9AF0**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Jill A. Wolowitz**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Health Policy Private Mkts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1335.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : D16466B579F543C5A03C**

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

**C. Jill A. Wolowitz**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

VP Health Policy Private Mkts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1335.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : 216907051327442D8E85**

Amount of Each Receipt this Period

115.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

250.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 245 OF 251  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Freda L Wright**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
VP Enterprise Network Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1335.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : AB7CAF2F38954B259B3B**

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

**B. Freda L Wright**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
VP Enterprise Network Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1335.00

Date of Receipt

07 / 24 / 2015

**Transaction ID : BC0C3DC7DD6D4D1A930E**

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

**C. Susan Yeazel**

Mailing Address 5534 Main St

City State Zip Code  
Downers Grove IL 60516-1335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Service Corporation

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

07 / 10 / 2015

**Transaction ID : BCCD0CA002804C04A5D9**

Amount of Each Receipt this Period

115.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

345.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 246 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Susan Yeazel**

Mailing Address 5534 Main St

City

Downers Grove

State

IL

Zip Code

60516-1335

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

**Transaction ID : 4214EB7425834093ABAE**

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

**B. Leeann Young**Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Behavioral Health Care Coord

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

**Transaction ID : 4DF1F0E2D37D442BB912**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Leeann Young**Mailing Address 1001 E Lookout Dr  
Bldg B

City

Richardson

State

TX

Zip Code

75082-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Behavioral Health Care Coord

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

**Transaction ID : CB3C628620A143028A9A**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

155.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 247 OF 251

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jerald L. Zarin**

Mailing Address 1800 West Loop S

City

Houston

State

TX

Zip Code

77027-3272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Medicaid Medical Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 8CBB4A5CE2024898B99B**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**B. Jerald L. Zarin**

Mailing Address 1800 West Loop S

City

Houston

State

TX

Zip Code

77027-3272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Service Corporation

Occupation

Medicaid Medical Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2015

**Transaction ID : C0EA6F7DD23A47C1B5AC**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

120.00

**TOTAL** This Period (last page this line number only)..... ►

43253.76

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 248 OF 251

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Brady for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2015

Mailing Address PO Box 8277

City	State	Zip Code
the Woodlands	TX	77387-8277

Purpose of Disbursement  
2016 Primary

011

**Transaction ID : 77D43AD96DD57E83FE2**

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**Kevin Patrick Brady**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 08

Full Name (Last, First, Middle Initial)

**B. JET PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2015

Mailing Address PO Box 2385

City	State	Zip Code
Ottawa	IL	61350

Purpose of Disbursement  
2015 Contribution

011

**Transaction ID : B4B02FC3E75E4586BC6**

Amount of Each Disbursement this Period

-2500.00
----------

Candidate Name

**JET PAC**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2015  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

State: District:

Full Name (Last, First, Middle Initial)

**C. ORRINPAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2015

Mailing Address PO Box 3986

City	State	Zip Code
Washington	DC	20027

Purpose of Disbursement  
2015 Contribution

011

**Transaction ID : 5EA7102FC1DF7A20538**

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**ORRINPAC**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2015  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 249 OF 251

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. People for Patty Murray**

Mailing Address PO Box 3662

City Seattle	State WA	Zip Code 98124
-----------------	-------------	-------------------

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Patricia Lynn Murray**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2015

**Transaction ID : 81401A2F54C3FD2DC69**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Texans for Henry Cuellar Congressional Campaign**Mailing Address 1519 Washington Street  
Suite 200

City Laredo	State TX	Zip Code 78040
----------------	-------------	-------------------

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Henry Roberto Cuellar**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 28

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2015

**Transaction ID : C14ECFCE0984468F835**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00

11000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 250 OF 251

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Clark Jolley for Oklahoma Senate**

Mailing Address PO Box 2082

City	State	Zip Code
Oklahoma City	OK	73101

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2015

**Transaction ID : 7B73AEB3282274398BE**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Committee for Frank J Mautino**

Mailing Address PO Box 36

City	State	Zip Code
Spring Valley	IL	61362

Purpose of Disbursement  
2016 Primary

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2015

**Transaction ID : AC12DC33013B483F3C5**

Amount of Each Disbursement this Period

-5000.00
----------

Full Name (Last, First, Middle Initial)

**C. Friends of John Sullivan**

Mailing Address 926 Broadway

City	State	Zip Code
Quincy	IL	62301

Purpose of Disbursement  
2016 Primary

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2015

**Transaction ID : FDAB8500D3E979C2F05**

Amount of Each Disbursement this Period

-2000.00
----------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

-6000.00
----------

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 251 OF 251

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Care Service Corporation Employees' Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kyle Loveless For State Senate**

Mailing Address 4400 Sw 21st Street

City	State	Zip Code
Oklahoma City	OK	73108

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2015

**Transaction ID : 24240EAC701688EFF0B**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Montana Democratic Party**

Mailing Address PO Box 802

City	State	Zip Code
Helena	MT	59624

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2015

**Transaction ID : F6530F6F42AB2F8B55E**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00
---------

-4500.00
----------